

Name in Full

Certificate of Death

Mary Alexander

Town

County

Died at Sycamore Avenue, Baltimore

MARYLAND

Date 19 02, Sept. 20 | Age Unknown | Native of Md. | Occupation Housewife
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 8

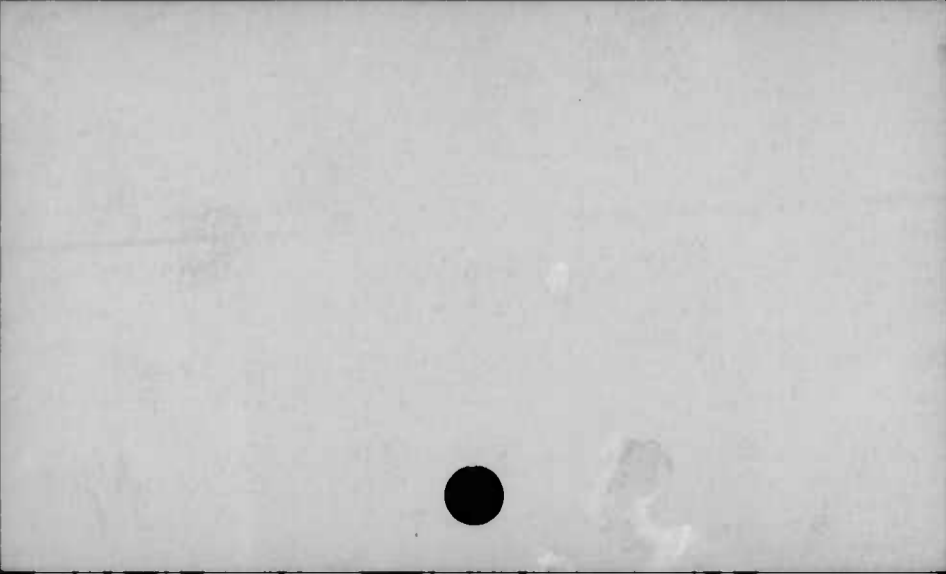
~~Husband~~ of Wm. Alexander
 Wife

Father's Name Dockins | Mother's Maiden Name Unknown

Cause of Death { Primary Typhoid fever & senility | How long sick Two weeks
 Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W. R. Hodges M.D.Address Sparrows Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Margaret Anfang

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 3rd

Age 56

Germany

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Cause of

Primary

Apoplexy

How long sick

about one week

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

C. N. Olney
2 - Hudson St Ex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Germanus France

St Pauls Cemetery

Sauer Lane

Name In Full

Certificate of Death

Died at

Date 1902

Male

Month

Day

Y.

M.

D.

Age

Native of

Occupation

Married

~~Widower~~~~Divorced~~

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Antio

Town

County

Died at

Date 1902

Male

Month

Day

Y.

M.

D.

Age

Native of

Occupation

Married

~~Widower~~~~Divorced~~

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Certificate of Death

Joseph Antio

Town

County

Died at

Date 1902

Male

Month

Day

Y.

M.

D.

Age

Native of

Occupation

Married

~~Widower~~~~Divorced~~

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

Cause of

Primary

Death

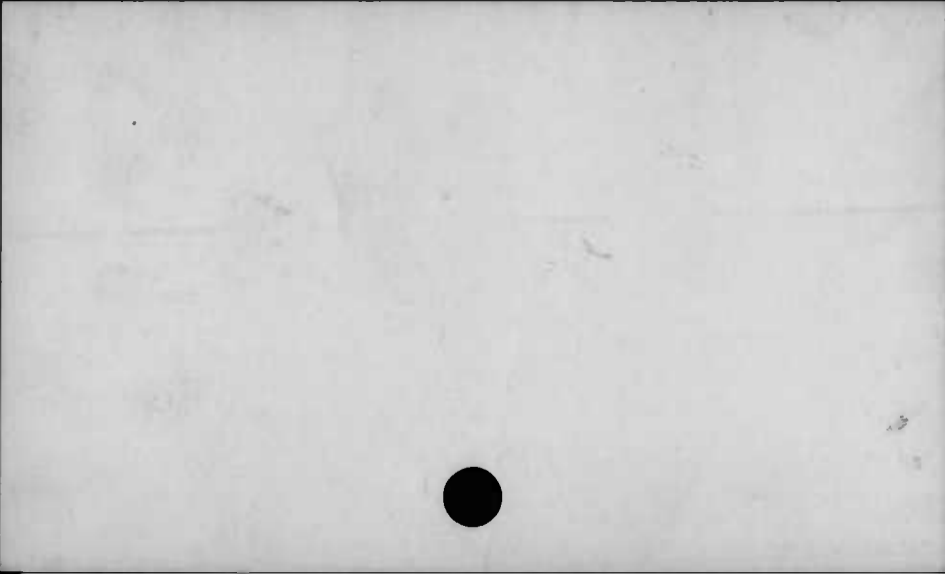
Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Sara Ann Ayres

Died at ^{Town} Notch Cliff ^{County} Balto. MARYLAND

Date ~~1899~~ 1902 ^{Month} 9 ^{Day} 1 ^{Age} 15 ^{Y.} 8 ^{M.} ^{D.} ^{Native of} W.D. ^{Occupation} Schoolgirl

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Number of children living}

~~Female~~ ^{Colored} ^{Single} ^{Widower}

Husband of
Wife

Father's Name William Davis Ayres Mother's Name Mary Jane Hawker

Cause of Death { Primary ^{How long sick} 2 wks
Immediate Cardiac Asthenia ^{Accident, Suicide, Homicide}

Reported by J. Bayston Green M.D.

Address Townsville W.D.

114

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gerard Behr

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 14

Age

3 hours

Md

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Jacob Behr

Mother's

Maiden Name

Mary Dunigan

Cause of

Primary

The mother died

How long sick

Death

Immediate

Difficult labor

~~Accident, Suicide, Homicide~~

Reported by

Address

C. J. William^{ma.} 1114 Chesapeake

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Sept. 15th 1902

Germanus Thomsen

Undertaker

Name in Full

Certificate of Death

Mary Ellen Behr

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 19

Age

22

--

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

--

~~Husband~~ of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

James L. Behr

John Dunigan

Mother's
Maiden Name

Mary E. Callahan

Heart Disease

How long sick

five days

Apoplexy

~~Accident, Suicide, Homicide~~

E. J. Williams M.D.

1114 Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Germanus France
Sacred Heart Cemetery

Name in Full

Certificate of Death

Waldo O. Sigelow

Town

County

Died at 500 Ave Borden 12th

MARYLAND

Date 1902 Sep. 16 Age 64 Native of U.S. Occupation 220 mngs.

Male White Married Number of children living 4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary Congestion of the Brain

Death Immediate Catarrh Pneumonia

How long sick

about 1 month

Accident, Suicide, Homicide

Reported by W.B. Benoit

Address 511 Hancock St. Bldg 114

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Waldo O. Bigelow

Town

County

Died at *500 New Boundary M. Baltimore* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*17* *Sept. 16* Age *64* — — *Mass.*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

92

Cause of

Primary

Congestion of the brain

How long sick

10 months

Death

Immediate

Cerebral pneumonia

Accident, Suicide, Homicide

Reported by

Dr. C. B. Burch

Address

511 Hanover St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William, H. Bowers

Town

Cella

County

Baltimore

MARYLAND

Died at

or near

Date 1902 Sept 28th Y. M. D. Age 70 - - Native of Maryland Occupation Gardener

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Do not know

Mother's

Maiden Name

not known

Cause of

Primary

Struck by Electric Car.

How long sick

Death

Immediate

Shock

Accident, Suicide, Homicide

Reported by

John. M. Bone Coroner

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John L. Boyle

Died at ^{Town} McHope Retreat ^{County} Baltimore

MARYLAND

Date 1902 ^{Month} 9 ^{Day} 7 ^{Y.} Age 37 ^{M.} ^{D.} ^{Native of} Balto ^{Occupation} MoulderMale ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children livingHusband
ofWife
Father's
NameMother's
Name

Cause of Primary Angina

How long sick

Death Immediate Ex. Central Congestion & Cardiac Paralysis

Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address McHope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70000



Name in Full

Certificate of Death

Ernie M. Brehm.

Died at *Highlandtown*

County *Calto*

MARYLAND

Date 19 *02* Month *9* Day *3* Y. *3* M. *3* D. *3* Native of *md* Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's
Name

Charles Brehm

Maiden Name

Mother's

Lillian Johnson

Cause of

Primary

Cholera Infantum

How long sick

21 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dras. L. Truax M.D.

Address

345 So. 4th St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John. Herwig

John Carmichael Allen

Virginia L. Briggs

Town

County

Died at

Catsville

Balto

MARYLAND

Date ¹⁹¹² ~~189~~ ^{Month} Sept. ^{Day} 20 | ^{Y.} Age 31 | ^{M.} | ^{D.} | ^{Native of} Richmond Va. | ^{Occupation} None
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living 2

~~Husband~~

of

Wife

Father's

Name

Andrew G. Briggs

Mother's

Name

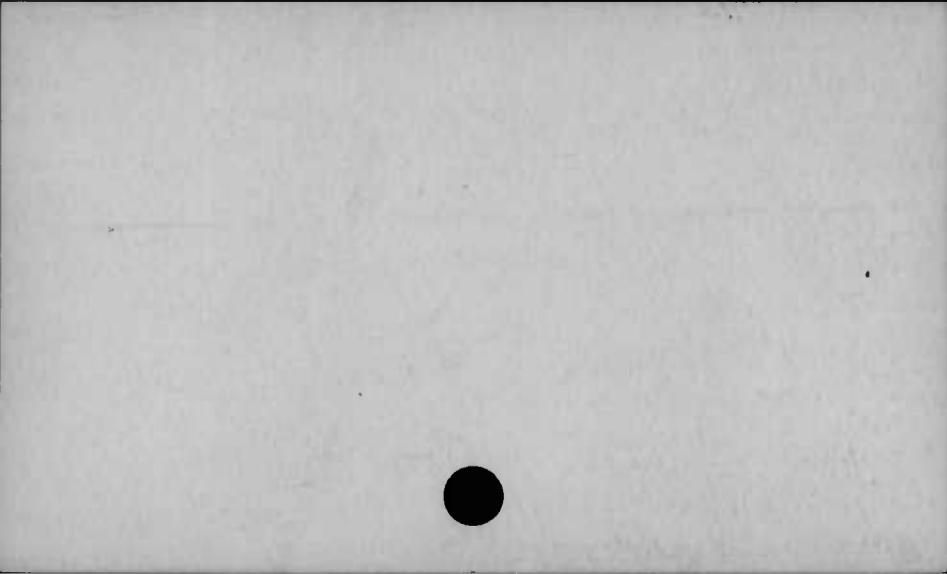
Cause of Death { Primary Melancholia 68
 Immediate Nervous Exhaustion
 How long sick 6 months
 Accident, Suicide, Homicide

Reported by

Address

 P. J. Curney M.D.
 Catsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harry Brown

Died at ^{Town} Rossville ^{County} Balt

MARYLAND

Date 19 ^{Month} Sept ^{Day} 4 Age ^{Y.} ^{M.} ^{D.} 4 days

☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced
☐ Female ☒ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death Primary Premature Birth

How long sick

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Philadelphia Road

Name In Full

Certificate of Death

Mary Emma Brown

Town

Carr Road

County

Baltimore

MARYLAND

Died at

1902

Date 189

Month

9

Day

9

Y.

18

M.

10

D.

21

Native of

Baltimore

Occupation

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife of

Father's

Name

J. M. Brown

Mother's

Name

M. E. Darling

Cause of

Primary

Angina Pectoris

How long sick

2 years about

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

W. H. Campbell

Address

Carr Road

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

May Emma Brown.

Town

County

Died at

Garrison Forest

Balto.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

4

Age 18

Md.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Apoplexy
"The Balto. W. Democrat."

Address

Lowson Md.

9/15/02.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 75858



Name In Full

Certificate of Death

Town *Towson* County *Balto.* MARYLAND

Died at *Coventon*

Date 19 *02* Month *9* Day *21* Y. *62* M. *62* D. *62* Native of *Balto.* Occupation *—*

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widowers~~ Number of children living *8*

Husband of *James Canoles* Wife of *James Canoles* Father's Name *James Canoles* Mother's Name *James Canoles* Maiden Name *James Canoles*

Cause of *Primary* How long sick *Primary*

Death *Immediate* *Paralysis.* Accident, Suicide, Homicide

Reported by *"The Balto. Co. Union."*

Address *Towson Md.* *Sept. 27, 1902.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75035



Name in Full

Certificate of Death

Susan Rebecca Carrolls

Town

County

Died at

MARYLAND

Died at *Corvinton* *Baltimore*
 1902 Month Day M. D. Native of Occupation
 Date *189* *Sept. 21* Age *61* *11* *Maryland*
~~Male~~ White Married Widow Divorced
 Female ~~Colored~~ ~~Single~~ Widower Number of children living *8*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Paralysis

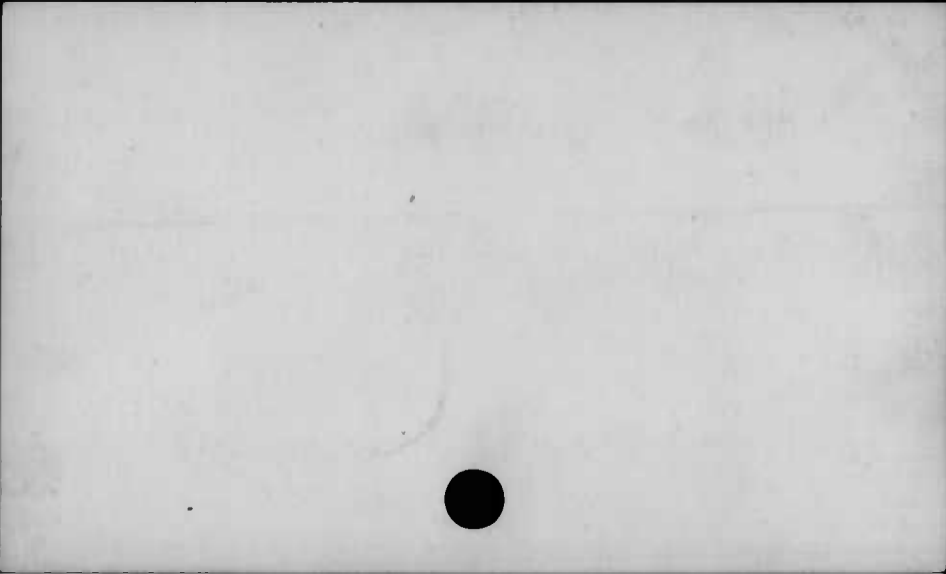
Reported by

H. J. Harrison

Address

Loch Raven

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 19

Male

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Colfer

Mt Washington P.O. Balto.

MARYLAND

Month Day Y. M. D. Native of Occupation
 02 Sept 18 80. 10. 23 Bath, Cy. Carpenter.
 Married Widowed Divorced
 Single Widower Number of children living two

Father's Name Mother's
 Maiden Name

Cause of Death { Primary Cerebral Hemorrhage
 Immediate heart failure
 How long sick 20 hours
 Accident, Suicide, Homicide

Reported by William J. Todd
 Address Mt Washington



Name in Full

Certificate of Death

Grace Read Cornthwaite

Died at

Mt Washington PO Baltimore

MARYLAND

Date 1902

Month Day Sept 18

Age

Y. M. D. 0. 8. 27

Name of Md.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Rth. D. Cornthwaite

Mother's

Jillie Norris

Cause of

Primary

Malnutrition

How long sick

About 2 mos

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

William F. Ford MS

Address

Mt Washington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frederick Bennett
Harford Road

A. S. Marshall

3539 Fall Road

Sept 20-1902

Name in Full

Certificate of Death

Serah Coughlin

Died at

MARYLAND

Date 1902

Month Day
Sept 27

Age

Y. M. D.

86 - -

Native of

Ireland

Occupation

Midwife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

seven

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Old Age

Death

Immediate

How long sick

2 yrs 8 mo 11 days

Accident, Suicide, Homicide

Reported by

Milton Easton

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70009



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
ofFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

David Franklin Daig

Town

County

Phenix

Bald-

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Sep-4

Age

50 1-6

Mo

M. Clerk

White

Married

~~Widow~~

Divorced

no

~~Colored~~~~Single~~

Widower

Number of children living

none

Husband
of~~Wife~~Father's
Name

Maiden Name

Mother's

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Anna W. Curry

Seth Daig

Maiden Name

Mary Ann Dovidar

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Primary

Acute Tuberculosis

How long sick

4 months

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Immediate

General Failure - Exhaustion

Accident, Suicide, Homicide

Reported by

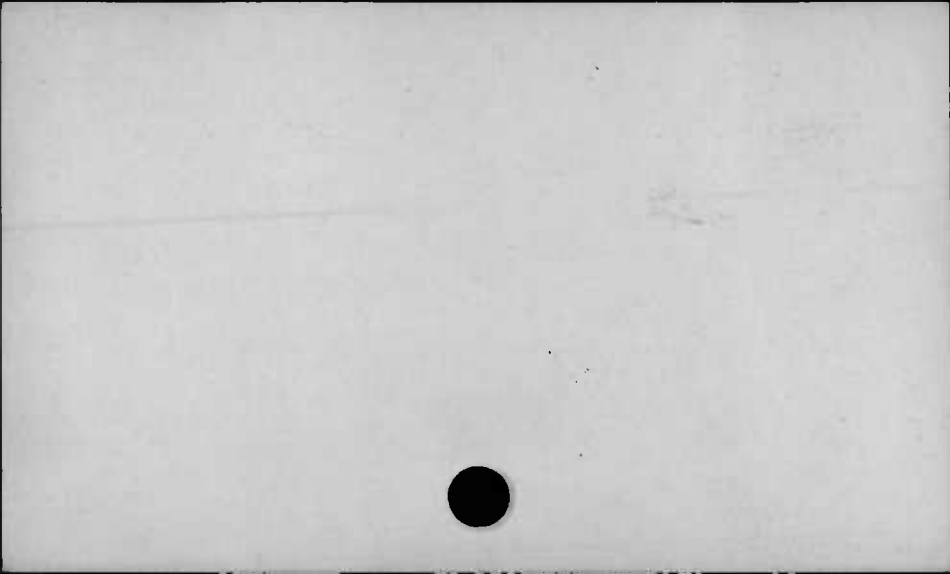
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr J. R. Hanson

Cockeysville

Baldwin, Mo



Name In Full *David T. Daily*
 Town *Phoenix* County *Balto* MARYLAND
 Died at *Phoenix*
 Date 19 *02* Month *9* Day *4* Age *50* Y. M. D. Native of *Md.* Occupation *Foreman in Cotton Factory*
 Male ☐ Female ☒ White ☐ Colored ☒ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *0*
 Husband of _____
 Wife _____
 Father's Name *Seth Daily* Mother's Maiden Name _____
 Cause of Death { Primary ☐ Immediate ☒ *Consumption* How long sick *7*
 Accident, Suicide, Homicide ☐
 Reported by *The Balto. Co. Union*
 Address *Towson Md.* *9/15/02.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oscar Paver

Town

County

Died at

Randallstown

MARYLAND

Date 1902 Sept 11th Month Day Y. M. D. Age 93 - - Native of C. S. Occupation Laborer
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

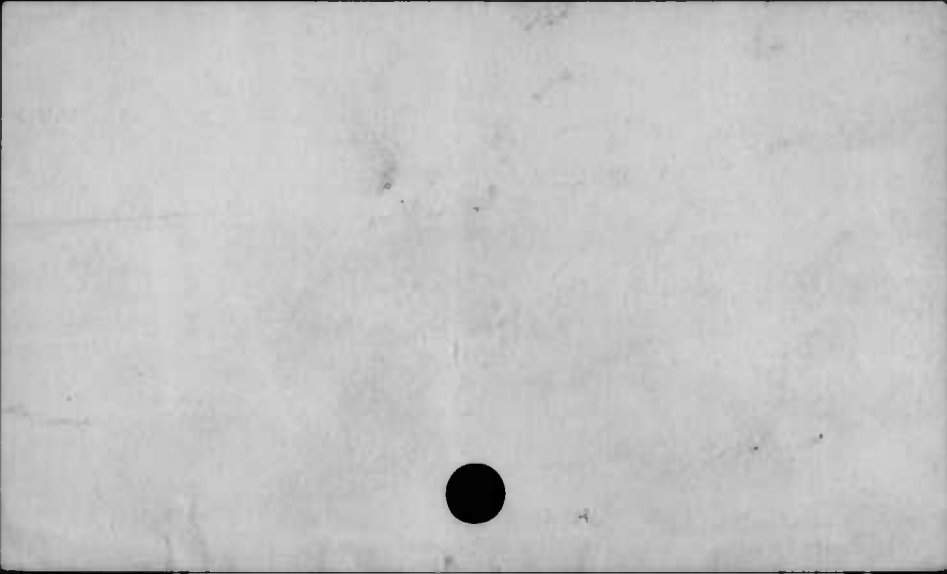
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

42

MARYLAND

Margaretta Dornling

Town

County

Died at Annis Road

Date 1902 9 1 Y. M. D. Age 80 3 Native of Germany Occupation X

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband of John Dornling

Wife John Dornling

Father's Name John Beadel Mother's Maiden Name Margaretta Beadel

Cause of Death { Primary Old Age Immediate Exhaustion 154

How long sick

Accident, Suicide, Homicide

Reported by J. B. Hall

Address Mt. Airies

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Ethel Dobson

Died at Sparrow Point Baltimore MARYLAND

Date 1902 Sept. 15th Y. M. D. Age 18 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

John Dobson

Mother's

Name

Estella (Callander) Dobson

Cause of

Primary

Pertussis & Enteric Colitis

How long sick

7 weeks

Death

Immediate

exhaustion &

Accident, Suicide, Homicide

Reported by

G. L. McCormick Md

Address

Sparrow Point Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Dorothy Dukuhord

Town

County

MARYLAND

Died at

Lincolnton

Bald

Date

1902

Month

Day

Sep - 15

Age

Y.

M.

D.

9

Native of

Baltimore

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Y. K. Dukuhord

Mother's

Name

Florence P. Dukuhord

Cause of

Primary

Typhoid-Enteritis

How long sick

9

Death

Immediate

Inanition

105

Accident, Suicide, Homicide

Reported by

Dr. J. J. Benson

Address

Lockapvilla

Bald. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mabel Marie Duwall
 Died at *Belair Ave. Ex.* *Baltimore* **MARYLAND**
 Town County
 Date 19*22* *9-11* Y. M. D. Age *7*
 Month Day
 Native of Occupation
 Female *White* ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

105

Cause of Primary

Enterocolitis

How long sick

2 weeks

Death Immediate

Asysthenia

Accident, Suicide, Homicide

Reported by

J. William France

Address

1407 N. Gay St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Sarah C. Ensor*
 Town *Butler* County *Baltimore* MARYLAND

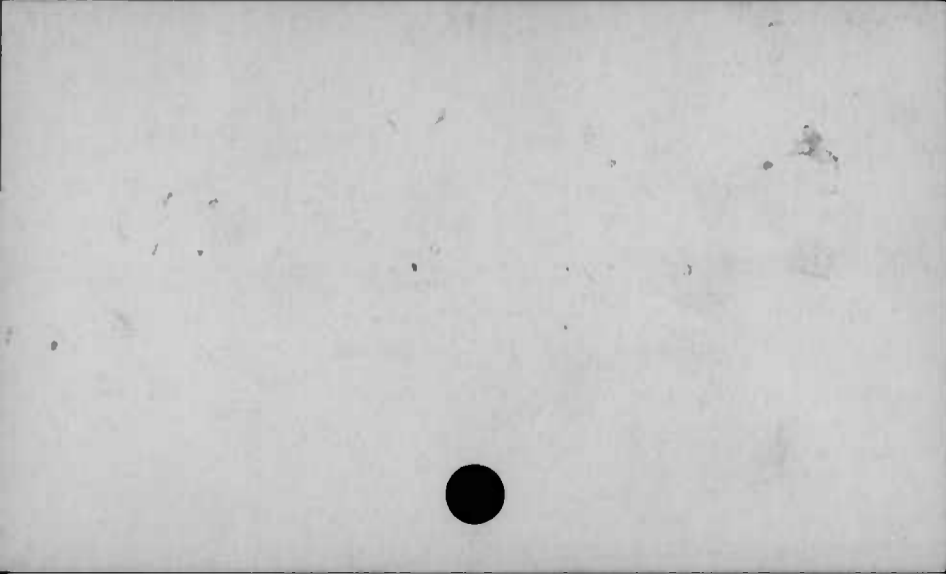
Date 19 *02* Month *9* Day *22* Age *74* Y. M. D. Native of *Maryland* Occupation
~~Male~~ White Married ~~Widow~~ Divorced
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *two*

Husband of *Mordchai Ensor*
 Wife *Mordchai Ensor*
 Father's Name ~~Name~~ Maiden Name *Sarah C. Wheeler*

Cause of Death { Primary *Arteriosclerosis* How long sick *6 months*
 Immediate *Senile Gangrene* *81* ~~Accident, Suicide, Homicide~~

Reported by *Dr. Mrs. Benson*
 Address *Cockaysville* *Baltimore, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Farrell

Town

County

Died at

Mt Hope Petriah

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

2 Sept

28th

Age

86

Sex

Male

Color or
Race

White

Birth-
place

Ireland

Married, Single
or Widowed

Widower

Occupation

Farmer

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

F 768

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Dementia -

How long

7 Mths

Immediate

Ex - Hypostatic Congestion of lungs

How long

abt 2 wks -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Frank J. Flannery

Address

Mt Hope Petriah -

Accident or Suicide?



Name in Full

Certificate of Death

Gay Fisher

Town

County

Died at

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

9.

19.

Age

6

Balto.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Emanuel Fisher

Hattie

105

Cause of

Primary

~~Exhaustion~~

How long sick

2 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Jas. H. G. G. G.

3 E. 4th St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Henry Long
Pharmix Balto Co

Josephine Fisher

Died at Highlandtown Baltimore

MARYLAND

Date 1902 Sept. 23rd Month Day Y. M. D. Age 29- - - Native of Ireland Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living —

Husband of Elisha Fisher
 Wife

Father's Name Andrew Kane Mother's Maiden Name unknown

Cause of Death Primary Chronic Heart Disease How long sick about 3 months

Death Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by J. N. Hickey, M.D.

Address 2. Hudson St. N.Y.

Germanus France,
Sacred Heart Cemetery,

Name In Full

Certificate of Death

(Grinnell)
 Grinnell Frank
 Town County Baltimore MARYLAND

Died at Mr. Munn
 Month Day Y. M. D. Native of Occupation

Date 1907 Sept. 12 Age 9-26 Annied
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Mother's Maiden Name

Cause of Primary Infection 71 How long sick

Death Immediate Carcinoma's Accident, Suicide, Homicide

Reported by John Hauff M.D.
 Address Md University

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name **Roy Gandy**

Died at **Md Hospital for Insane** **Calonsville** **Baltimore** **MARYLAND**

Date of death 1902 **2** Month **9** Day **3** Age **23** Years Months Days

Sex **Male** Color or Race **white** Birth-place **Maryland**

Married, Single or Widowed **Single** Occupation **Blocksmith**

Name of Wife or Husband _____

Father's Name **Elmer R. Gandy** Father's Birthplace **New Jersey**

Mother's Maiden Name **Mary E. Gandy** Mother's Birthplace **New Jersey**

Name of person giving Information **E. Reece Gandy** How related to deceased **Brother**

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **Melancholia** How long **10 months**

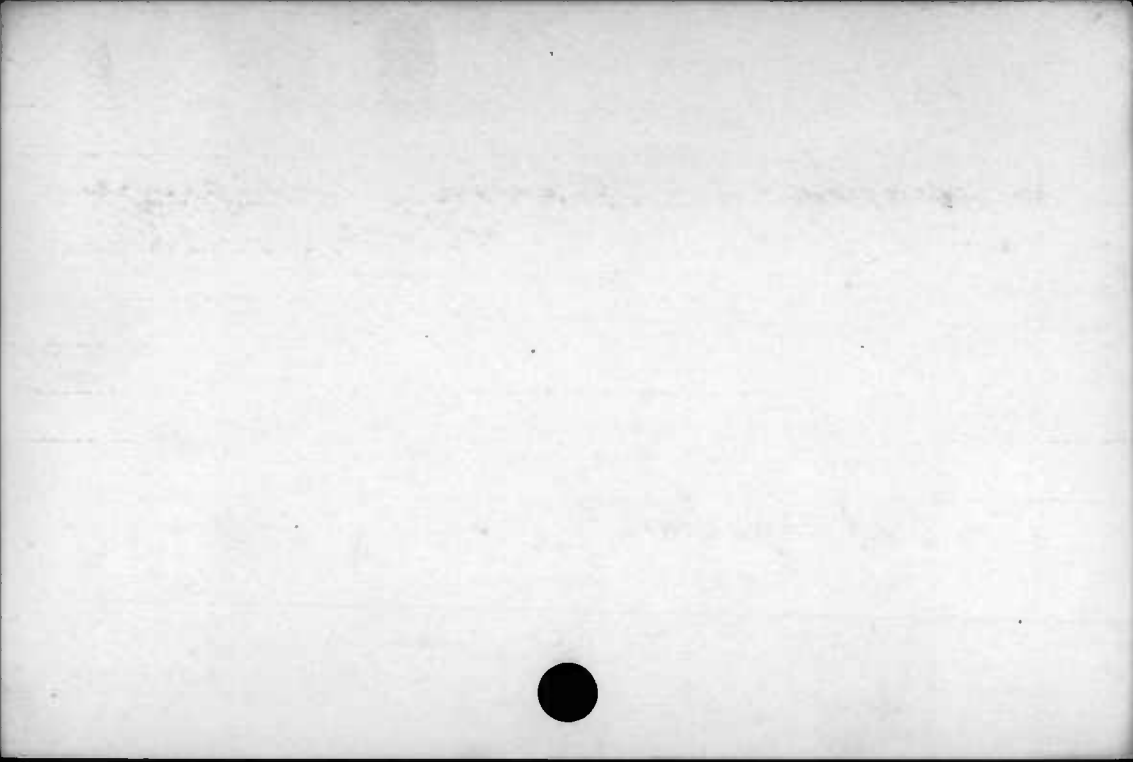
Immediate **Tuberculosis** How long **2 months**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **J. Percy Wade M.D.**

Address **Calonsville Md.**

~~Accident or Suicide?~~



Name in Full

Certificate of Death

Lottie E. Gifford

Town

County

MARYLAND

Died at

Golden Ring

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Sept. 8th

Age

10 -

No

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo. A. Gifford

Mother's

Maiden Name

Sarah Marshall

Cause of

Primary

Gastro Enteritis

How long sick

2 mos

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

L. V. Atkey -

Address

2. Hubbard St

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79008

G. Santz

Stammers Run Cemetery

Name in Full

Certificate of Death

Edward Gilbert

50

Died at ^{Town} *Nottingham* ^{County} *Baltimore Co* MARYLANDDate 19 *02* ^{Month} *9* ^{Day} *25* Age *8 mos 29* ^{Y.} ^{M.} ^{D.} *Batts Co* ^{Native of} ^{Occupation}^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}
^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living}^{Husband} ^{of} ^{Wife}
Father's Name *Charles Gilbert* Mother's Name *Theresa Behn*Cause of ^{Primary} *Gastric Enteritis* ^{How long sick} *three weeks*
Death ^{Immediate} *Exhaustion* ^{Accident, Suicide, Homicide}Reported by *Dr. S. J. Sunday M.D.*Address *Wington* *Baltimore*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph W. Goldsborough
Died at Md Hospital for Insane Catonsville

MARYLAND

Date of death 1902 9 17 Age 61
Sex Male Color of Race white Birth-place Maryland
Married, ~~Single~~ ~~Married~~ Occupation School Teacher

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

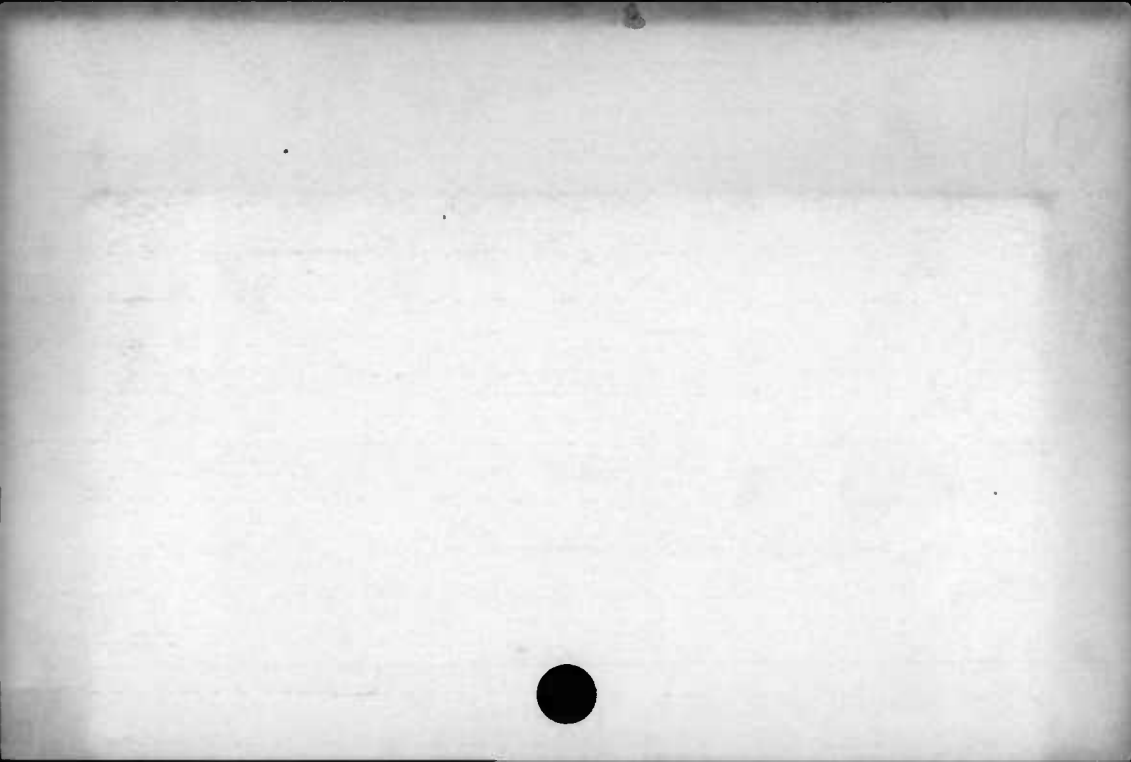
Name of person giving information

How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Post Apoplectic Insanity How long 1 year
Immediate Cerebral Haemorrhage How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes
Signature of Physician Lucy Wade M.D.
Address Catonsville Md.
Accident or Suicide? No.



Name In Full

Certificate of Death

Edward Frank
 Baltimore

Town

County

MARYLAND

Died at

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Sept

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

81

Cause of

Primary

Arterio-sclerosis

How long sick

Death

Immediate

Myocarditis

Accident, Suicide, Homicide

Reported by

Thomas M. C. Cral

Address

Resident Physician
 L. Hopkins Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Died at

MARYLAND

Date 1902

Month Day

Age

M. D.

Native of

Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~Single

Widower

Number of children living .

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Margaret E. Bray

Town

County

MARYLAND

Died at

Calomville

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

Septem

16

Age

0

4

9

Ind.

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband
of

Wife

Father's

Name

James Nelson Gray

Mother's

Name

Anna Maria Gray

Cause of

Primary

Hoping Cough

How long sick

1 month

Death

Immediate

Colapax

8

Accident, Suicide, Homicide

Reported by

H. R. Berry

Address

Calomville B. Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY 509610, 74888

Harris Cemetery.

Name in Full

Certificate of Death

No Name
Town

County

Baltimore

MARYLAND

Died at

Cella

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept 3

Age

18

Maryland

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Nickel Harrison

Barah Grimes

Cause of

Primary

Death

Immediate

Whooping Cough

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

Wilton A. Easton

Address

Ellie D.

City Dr. Rodgers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Virginia C. Hassell

Town

County

Died at

Calonsville

Balto

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Data 189 Sept. 22 Age 54 Reper N.C. none
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 4

Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Agitated melancholia

How long sick

6 months

Death

Immediate

Cerebral Meningitis

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Co. Rushmer White M.D.

Address

Calonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullMary Jane Henderson
Died at *Balto. Almshouse* County

CERTIFICATE OF DEATH

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

9

24

Age 22

Sex

female

Color or
Race

colored

Birth-
placeMarried, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

Typhoid fever

How long

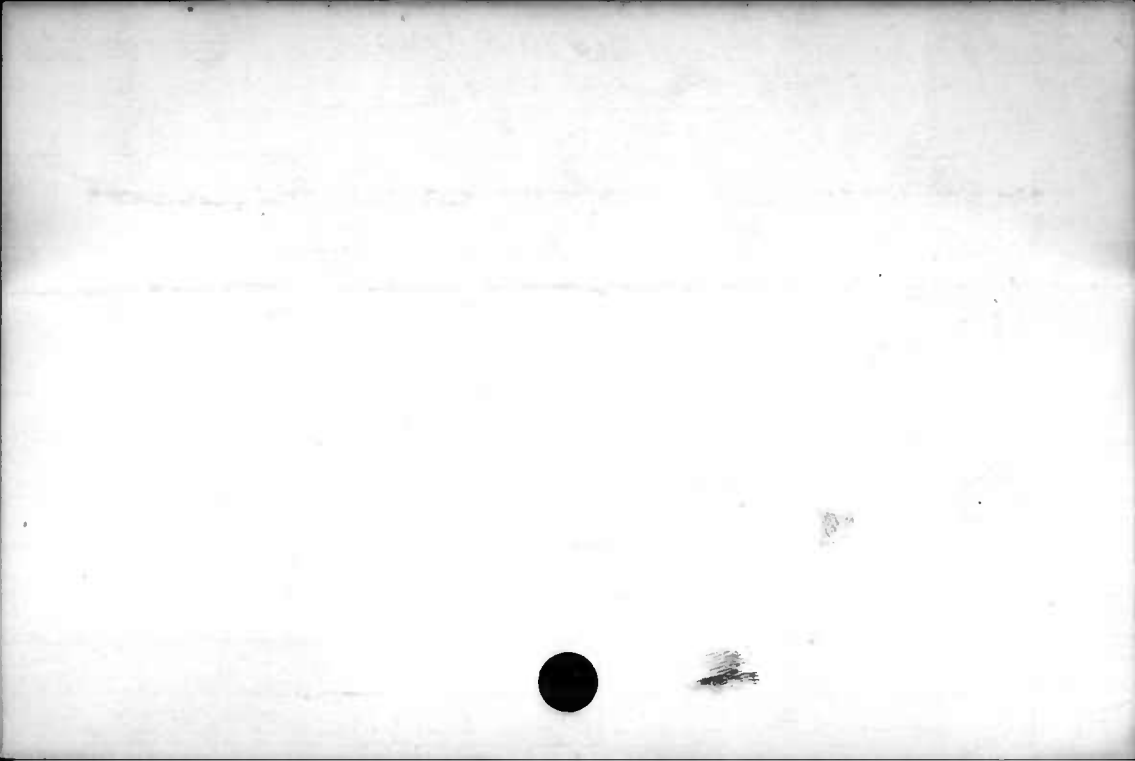
about a minute

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianThos. C. Bussey
Texas
Md.

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Ethel Steoma Hiden

Town

County

Died at Rockdale

Balt

MARYLAND

1902 Month Day

Y. M. D. Native of

Occupation

Date 1902 Spt 17

Age Six months

Male

White

MarriedWidowDivorced

Female

Colored

SingleWidower

Number of children living

HusbandWife

Father's

Name

Harry E. Hiden

Mother's

Name

Steoma L. Hiden

Cause of

Primary

Summer Complaint

How long sick

Six weeks

Death

Immediate

Transition

Accident, Suicide, Homicide

Reported by

H J H 266 Mrs

Address

Randallstown

105

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75998

A S Marshall

3539 Fall Road

Pratt City

W. Olive Agent

Sept 18-

Name
in
Full

Lawrence Augustus Hobbs

CERTIFICATE OF DEATH

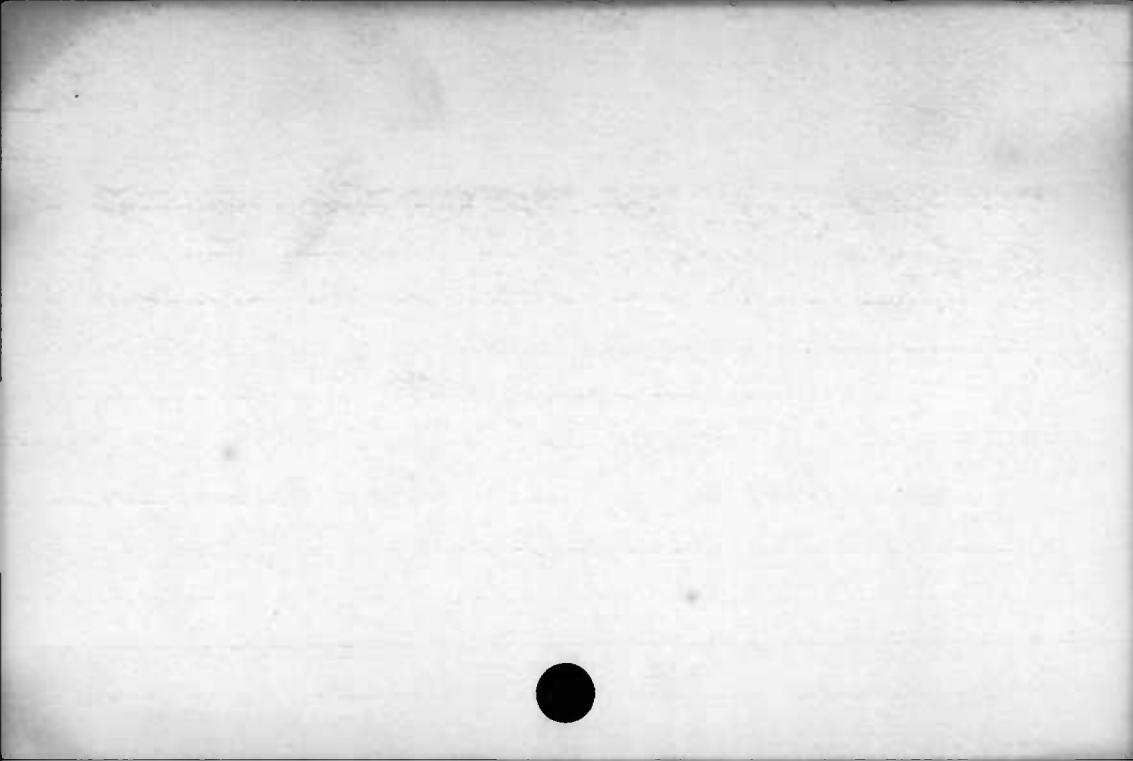
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hurrowsville</u> Town		<u>Bullo</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>9</u>	Day <u>13</u>	Age <u>-</u> Years	Months <u>-</u>	Days <u>16</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Hurrowsville</u>	
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u></u>					
Father's Name <u>Rezin Hobbs</u>			Father's Birthplace <u>Bullo, Mo</u>		
Mother's Maiden Name <u>Estelle L. Condon</u>			Mother's Birthplace <u>Bullo Mo</u>		
Name of person giving information <u>Wm. McKinstry Hobbs</u>			How related to deceased <u>nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Murder</u>	How long <u>12 days</u>
Immediate <u>Concussion</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>L. E. Boll</u>
	Address <u>Hurrowsville Md.</u>
Accident or Suicide? <u></u>	



New born Infant

Died at Govanestown Town Baltimore County MARYLAND

Date 1902 Month Sept Day 11th Y. M. D. Age 4 Native of Maryland Occupation
 Male White Married Widow Female Colored Single Widower Number of children living

Child of Robert Hockaday
Wife

Father's Name Robert Hockaday Mother's Name Mary Cardwell
 Maiden Name

Cause of Death { Primary convulsions Immediate 71
 How long sick Three day
Accident, Suicide, Homicide

Reported by 2 J. B. Lanette M.D.
Towson

Address

Must be signed by physician, if any in attendance, otherwise by son, undertaker or minister.



Name in Full

Certificate of Death

Infant of Mary E. Halden

Town

County

Died at Orangeville Balto

MARYLAND

Date 189 1902 Morn 9 Day 20 Y. M. D. 2 Native of md Occupation —

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Joseph A. Halden

Mother's Name Mary E. Halden

Cause of Primary Cyanosis 150 How long sick —

Death Immediate

Accident, Suicide, Homicide

Reported by

Address

A. S. Warner

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Moses Hopkins

Died at ^{Town} Laurelton ^{County} Balto MARYLAND

Date 19 02 ^{Month} Sept ^{Day} 25 ^{Y.} 51 ^{M.} yr ^{D.} Native of Va. ^{Occupation} Laborer

~~Male~~ ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ ~~Colored~~ ~~Single~~ Number of children living 4

Husband of Caroline Hopkins
 Wife of Don't know
 Father's Name Don't know Mother's Maiden Name Don't know

Cause of Death { Primary Pneumonia Immediate Exhaustion How long sick 1 week
~~Accident, Suicide, Homicide~~

Reported by Dr A J Sauer
 Address Balto. Md. 93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Edward. Bryan,
Asbury Conn

Name
in
Full

George Henry Hopfel

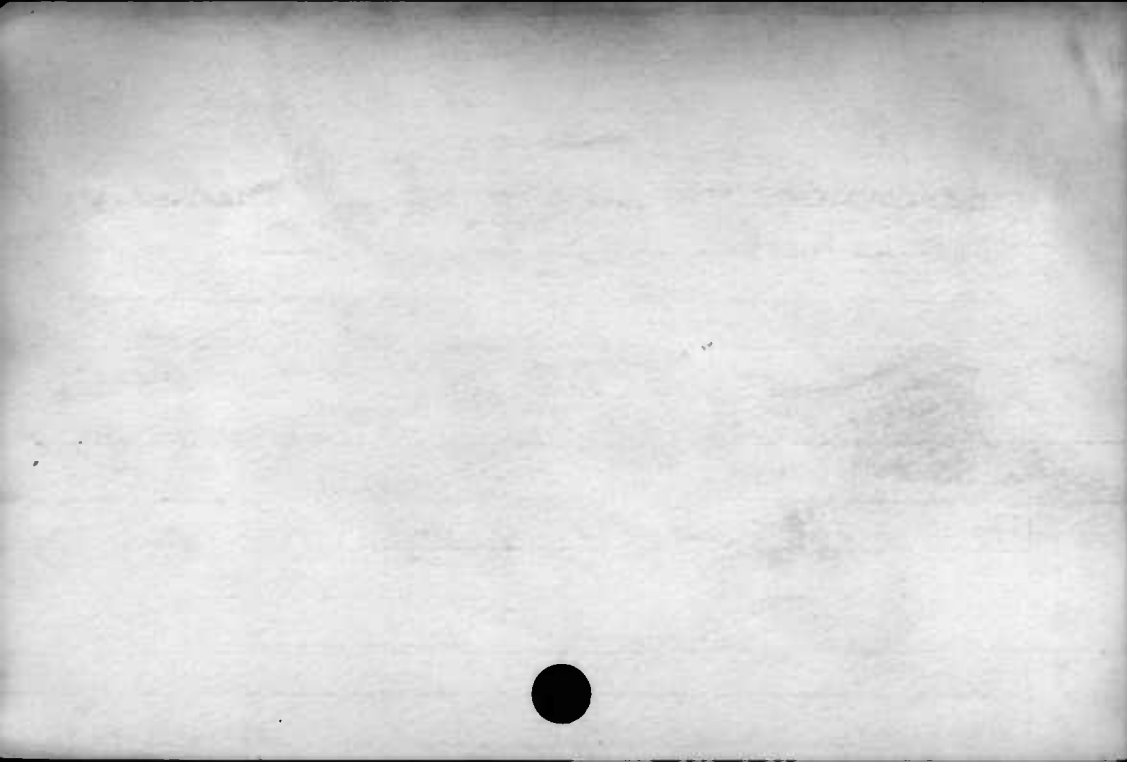
43
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spring Gardens</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>9</i>	Day	<i>31</i>
Age		<i>X</i>	Years	<i>X</i>	Months
Sex		<i>Male</i>	Color or Race	<i>White</i>	Birth-place
Married, Single or Widowed		<i>Single</i>	Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Convulsion</i>	How long	<i>one day</i>
Immediate	<i>Ephraim</i>	How long	
Are the name, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>T. B. S. S. S.</i>	
		Address	
		<i>Int. Williams</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Infant of Annie and Arthur Hofferberth

Died at 31 Elliott St Baltimore

MARYLAND

Date 19

Age Stillborn Native of America

Occupation

Male

White

~~Married~~~~Widow~~~~Single~~~~Female~~~~Black~~~~Single~~~~Widow~~~~Number of children living~~~~Wife of~~~~Wife~~

Father's

Mother's

Name

Maiden Name

Arthur Hofferberth Annie

Cause of

Primary

Immediate

Organic Heart Disease

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Hedger Hopkins
2225 Long St Baltimore City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU 72602

H. E. Hughes
Mt Carmel Conn

Name in Full

Certificate of Death

not Passed
 Highlandtown Ballad *Studzins*

Died at

Town

County

MARYLAND

Date

1902 Sept 24 Y. M. D. Native of U.S. Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living =

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Mother's

~~Maiden Name~~

How long sick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Edna J. Bannan
Western Union

Name
in
Full

Rott S. Hunt

CERTIFICATE OF DEATH

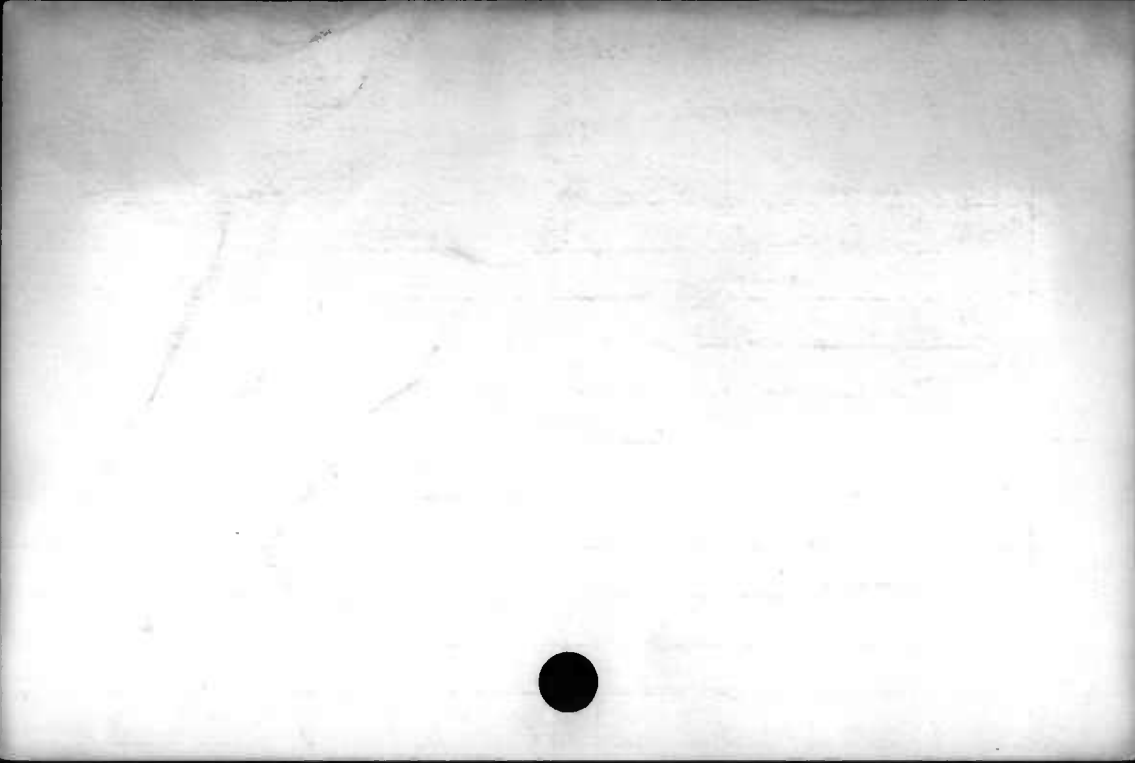
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Me Donogh</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>15</i> ^{Day}	Age <i>1</i> ^{Years}	<i>5</i> ^{Months}	<i>5</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balto City</i>		
Married, Single or Widowed <i>Single</i>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>M. S. Hunt</i>			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information _____			How related to deceased _____		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastritis</i>	How long	<i>about 12 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. F. Shannwell</i>	
		Address <i>2226 Madison Ave.</i>	
Accident or Suicide? <i>neither</i>			



Name in Full

Certificate of Death

Ida F. Jacobs

Died at 416 Forest Place. Roland Md Balto a-

MARYLAND

Date 19 Sept 20 -02
 Month Day Y. M. D.
 Age 35-
 Native of US
 Occupation Home work
 White Married Widowed
 Female Colored Single Widower
 Number of children living 1-

Husband of ~~Ida~~ Mary Jacobs
 Wife
 Father's Name
 Mother's Name
 Maiden Name

Cause of Death { Primary Carcinoma 45
 Immediate Exhaustion
 How long sick 6 weeks -
 Accident, Suicide, Homicide

Reported by Irving Miller

Address 410 Fidelity Bld. Charles T. Long

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Native Jackson

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

12

9

8

Age

13

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

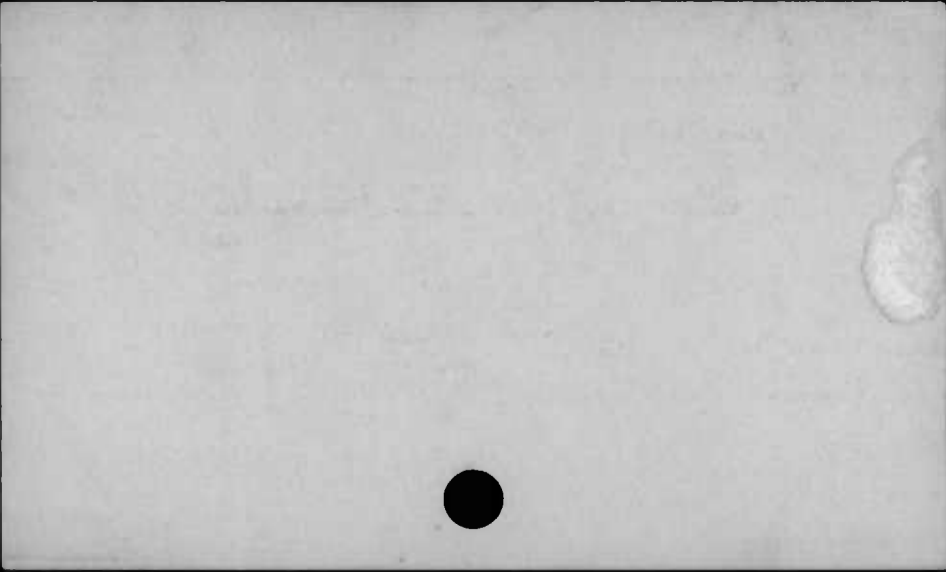
8 weeks

Accident, Suicide, Homicide

Reported by

Address

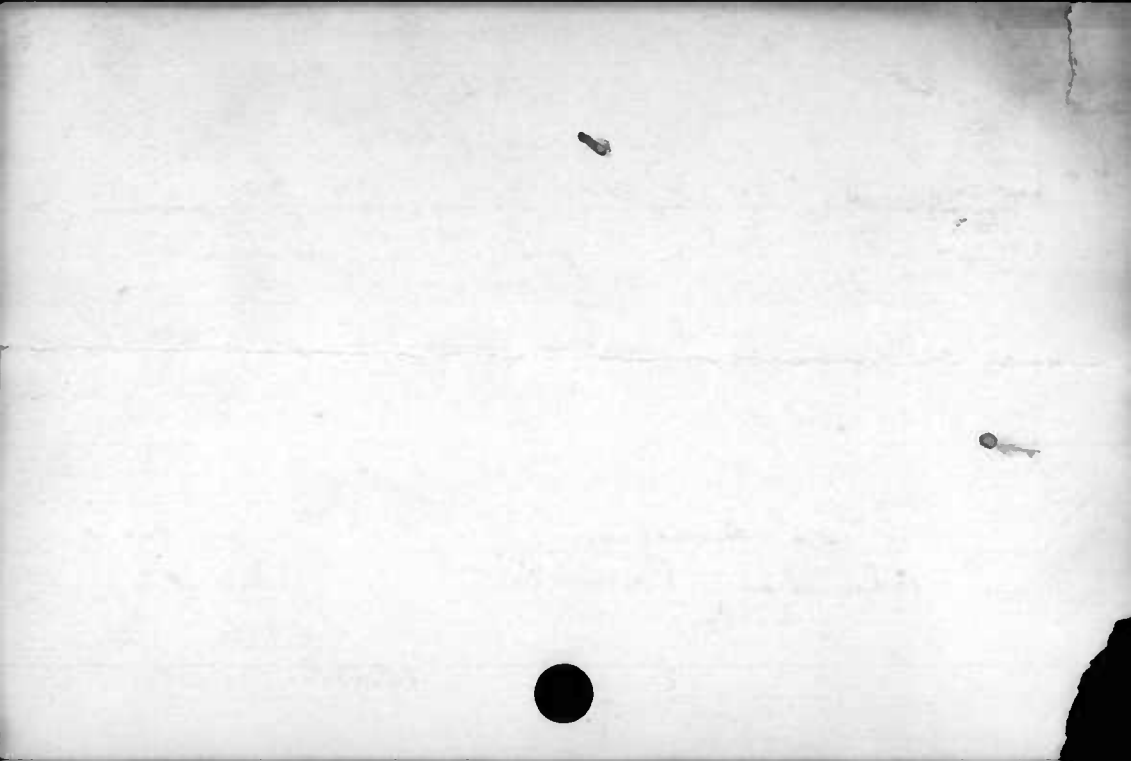
Must be signed by physician, if any, in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Elizabeth E. Johnson				CERTIFICATE OF DEATH	
Died at		Town Western Run P.O.		County Baltimore		MARYLAND	
Date of death	1902	Month	9	Day	10	Years	Age about 46
Sex	Female		Color or Race	Colored		Birth-place	Boring P.O.
Married, Single or Widowed	Married			Occupation	Housewife		
Name of Wife Husband	William A. Johnson						
Father's Name	Richard Smith					Father's Birthplace	Warren P.O.
Mother's Maiden Name						Mother's Birthplace	Maulna Mills
Name of person giving information	Father					How related to deceased	Father

CAUSES OF DEATH

SICIAN & CORONER	Primary	Pneumonia tuberculosis		How long	about one year
	Immediate	Exhaustion - Convulsions		How long	Two days
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
				Address	
				J. H. Orack	
				Butler Balto Co Md	
				Accident or Suicide? LIBRARY BUREAU A98818	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Jordan</i>		Town <i>Easton</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 1902		Age		Months	
		Month <i>Sept.</i>		Day <i>25</i> Years <i>One</i>		Months <i>6</i> Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co</i>			
Married, Single or Widowed				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Valentine Jordan</i>				Father's Birthplace <i>Native</i>			
Mother's Maiden Name <i></i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i></i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2</i>
Immediate	<i>Exhaustion</i>	How long	<i>105 yrs</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. B. Schmitt</i>
		Address	<i>2429 Fair Ave</i>
Accident or Suicide? <i></i>			

Sacred Heart Cemetery

Jamess Livingston Kernan,

Died at ^{Town} 314 Cold Spring Lane, ^{County} Baltimore MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Sept.	18	-	11	20	Baltimore	none

Male ~~Male~~ White ~~White~~ Married ~~Widow~~ Divorced
 Female Colored Single ~~Single~~ Widower Number of children living

Husband
of
Wife

Father's Name Wm. C. Kernan Mother's Name Annie Kates

Cause of	Primary	How long sick
Death	Immediate Tubercular Meningitis, Comp. Exhaustion	6 weeks.

Accident, Suicide, Homicide

Reported by Wm. H. Forrester M.D. Ph.D.

Address 3609 Falls Road, Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Govanus Inn
A J Mans Hall
3539 Fall Road

Sept 20 - 1902

Moritz G. Kernwein

Town

County

MARYLAND

Died at

Catonville

Baltimore

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Sept.

12

Age

44

U.S.

Brewer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

68

Cause of

Primary

Acute Dementia

How long sick

about 6 wks.

Death

Immediate

Cerebral apoplexy

Accident, Suicide, Homicide

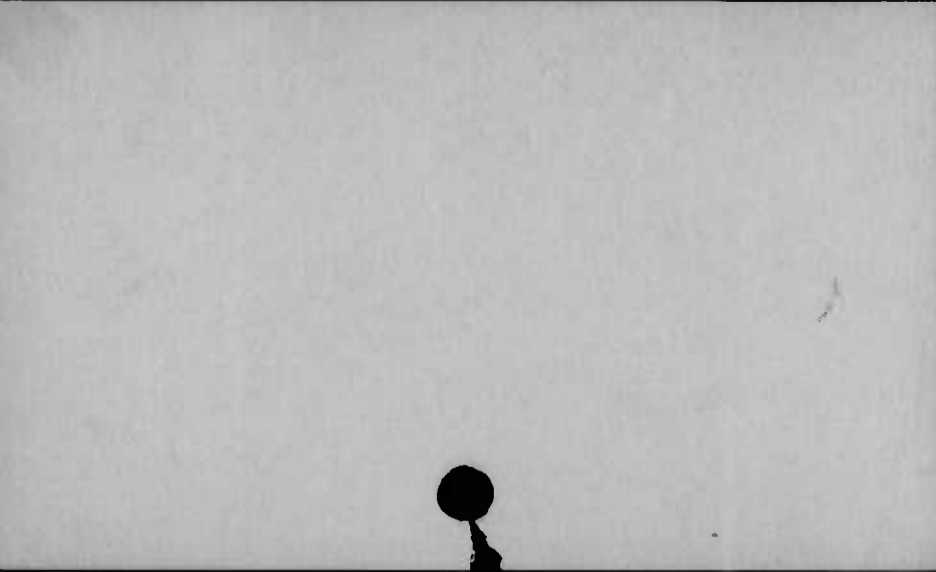
Reported by

W. Rushmer White M.D.

Address

Catonville md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name in Full <i>Ellen Hayes.</i>																			
Town <i>Spumers Point</i>				County <i>Balto,</i>															
Died at <i>Spumers Point</i> <i>MARYLAND</i>																			
Date 19 <i>02</i>		Month <i>Sept.</i>		Day <i>25</i>		Y. <i>-</i>		M. <i>1</i>		D. <i>7</i>		Native of <i>md</i>		Occupation <i>none</i>					
Male		White		Married		Widow		Divorced											
Female		Colored		Single		Widower		Number of children living											
Husband of										Wife									
Father's Name <i>John A. Hayes</i>					Mother's Maiden Name <i>Harriet. Matthews</i>														
Cause of		Primary		<i>Indigestion</i>								How long sick		<i>Two days</i>					
Death		Immediate		<i>Indigestion.</i>								<i>105</i>		Accident, Suicide, Homicide					
Reported by <i>Frank C. Elected, M.D.</i>																			
Address <i>Spumers Point</i>																			
Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.										<i>md.</i>									



Name in Full

Certificate of Death

child of
Mary & Chas Koch

Town

County

Died at

Banton

Balto

MARYLAND

Date 19

02

Month

Day

9 25

Age

Y.

M.

D.

Native of

Occupation

md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Chas Koch

Mother's

Mary

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Premature Birth

Accident, Suicide, Homicide

Reported by

Mary A Harvez

Address

13 Elliott St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

George E. Krebs

CERTIFICATE OF DEATH

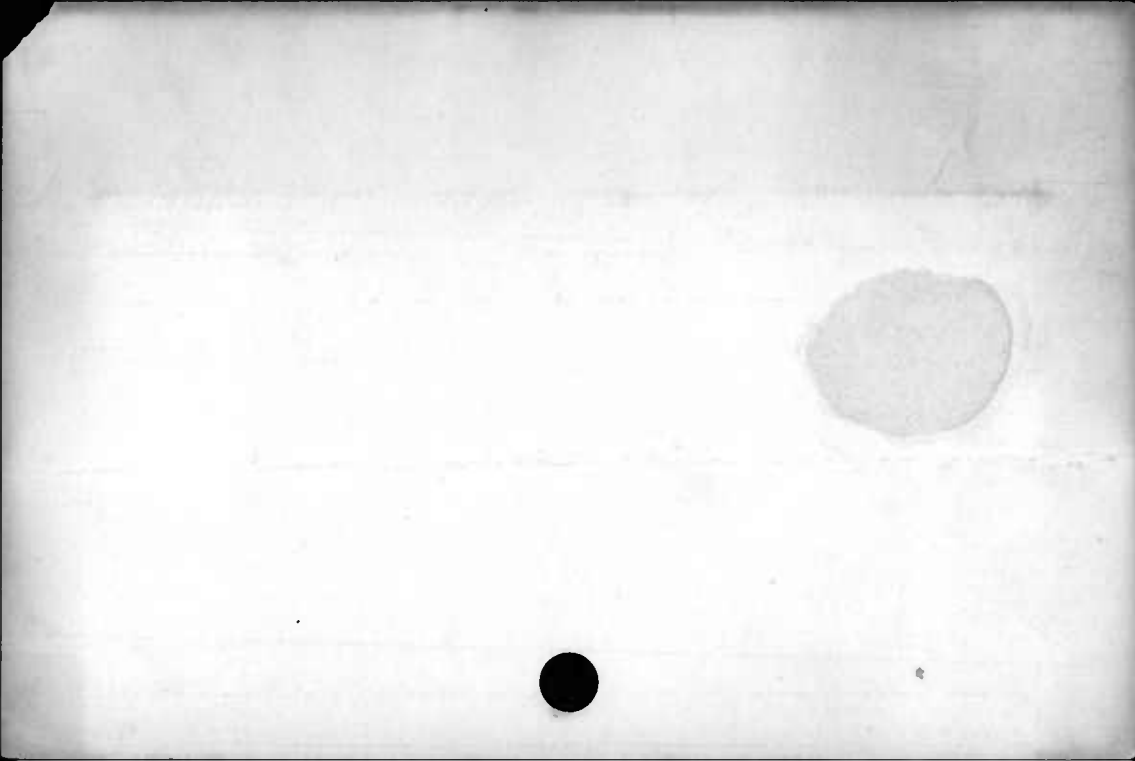
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Washington</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1902	Month <i>September</i>	Day <i>25th</i>	Age <i>67</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. Md.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Retired merchant & manufacturer</i>		
Name of Wife or Husband <i>~~~~~</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>George E. Krebs</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 or 4 years</i>
Immediate <i>Exhaustion from inaction</i>	How long <i>3 or 4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. A. Hartman M.D.</i>
	Address <i>1121 W. Caroline St. Balt. Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Moses B. Kusell

Town

County

Died at Baltimore

MARYLAND

Date 189	2	Month	9	Day	-	Age	23	Y.	M.	D.	Native of	Georgia	Occupation	Printer
Male		White		Married		Widow		Divorced						
Female		Colored		Single		Widower							Number of children living	

Husband of

Wife

Father's Name Lewis Kusell

Mother's Name Sadie Kusell

Cause of

Pneumonia

How long sick

Death Immediate Unknown

179

Accident, Suicide, Homicide

Reported by

Address

Joseph B. Herbert

Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ethel Lancaster

Died at

1902

Date

~~Male~~

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

Jenkins

County

Baltimore

MARYLAND

Month

Day

Sep 1st

Y.

M.

D.

Native of

Occupation

Age

90

Maryland

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Mother's

Name

How long sick

Primary

Immediate

Brain fever 61

Accident, Suicide, Homicide

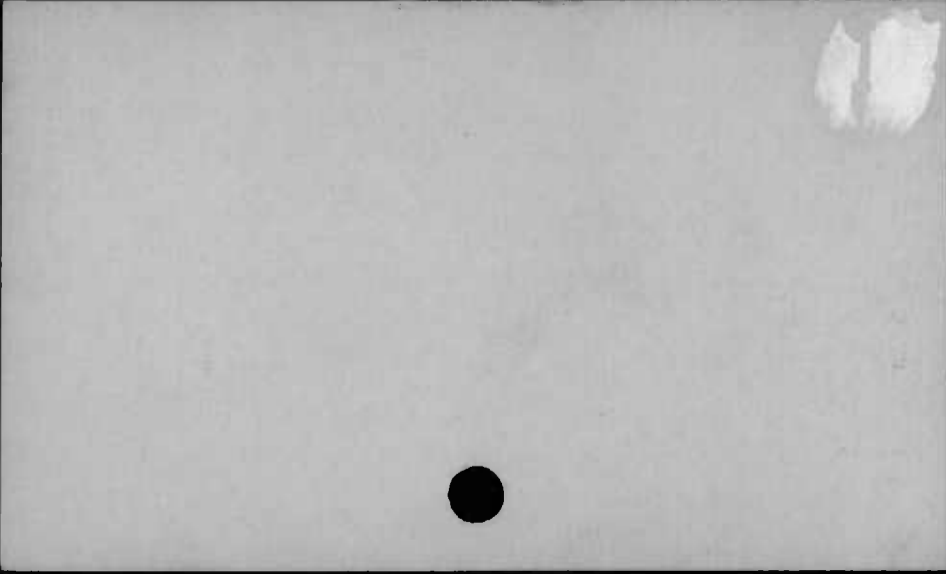
2 days

H. G. Walker Undertaker

Pleasantville

Harford Co. Md

LIBRARY BUREAU, 6596B



Name in Full

Certificate of Death

Gilbert Wallace Langdon

Town

County

Canton

Baltimore

MARYLAND

Died at

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

9 31

Age 4

Md

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Wallace Langdon

Mary L. Furrows

Cause of

Primary

Infantile

How long sick

4 weeks

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. Herwig & Son
Zyt Cannel.
Sept. 3.

Name in Full

Certificate of Death

Lillie Lauham

Town

County

Died at

MARYLAND

Date 189*2* *Sept. 17th* Month *Sept.* Day *17th* Y. *17* M. *Md.* D. *Md.* Native of *Md.* Occupation *seamstress*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living *1*

Husband of _____
 Wife

Father's Name *Wm B Lauham* Mother's Name *Lethia Lauham*
 Name

Cause of Death { Primary *Puerperal Septicemia* How long sick *14 days*
 { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *G. C. McCormick, M.D.*

Address *Sparrow Point Md.* *137*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name
in
Full

Ellen Lea

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Georges</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Sept</u>	Day <u>16</u>	Age <u>15</u> Years	Months	Days
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>London Co Va</u>	
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>John W. Lea</u>			Father's Birthplace <u>London Co Va</u>		
Mother's Maiden Name <u>Rebecca F. Parker</u>			Mother's Birthplace <u>Baltimore</u>		
Name of person giving information <u>Rebecca F. Lea</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>76 days</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>James F. ...</u>
	Address <u>Reisterstown</u>
Accident or Suicide?	<u>ad</u>



Name in Full

Certificate of Death

Ida Lechner

Died at

Town

Highland

County

Bato

MARYLAND

Date 1902

Month

Day

Y

M.

D.

Native of

Occupation

4 16

Age

2 2 0

md

Male

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Scarlet fever

How long sick

9 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. S. Warner M.D.

Address

1120



Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF CONGRESS

H. Aander & Son
Mt Carmel Ave

Mary A. Ledley

Died at *Mt Hope Retreat* *Balto*

MARYLAND

Date 19 *02* Month *9* Day *4* Age *52* - - Native of *Ind* Occupation *—*

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living *—*

Husband of *—*
 Wife *—*

Father's Name *—* Mother's Name *—* *68*

Cause of Death { Primary *Nephritis - Melancholia* How long sick *10 or 11 wks*
 { Immediate *Ex-Urtemia* Accident, Suicide, Homicide

Reported by *Frank J. Flannery*
 Address *Mt Hope Retreat* *Balto Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joseph H McCurley

Town

County

MARYLAND

Died at New Market

Balt

Date ~~1901~~ 1902 Month 9 Day 2 Age 60 Y. 10 M. 22 D. Native of Md Occupation Gunterman
 Male White Married ~~Widow~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Mary R. Smith —

Father's Name Wm McCurley Mother's Name Mary Curley

Cause of Death { Primary Brights Disease How long sick 2 years
 { Immediate Uremia ~~Accident, Suicide, Homicide~~

Reported by Daniel & Moyer MD

Address Maryland Side

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie M. McGregor

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 19

02

Month

9

Day

5

Age

Y.

2

M.

10

D.

-

Native of

Balt. co. Md.

Occupation

None

~~Male~~White ☒~~Married~~~~Widow~~~~Divorced~~Female ☒~~Colored~~Single ☒

Widower

Number of children living

-

Husband

of

Wife

Father's

Name

Am. H. McGregor

Mother's

Maiden Name

Mary C. McGint

Cause of

Primary

Immediate

Measles

6

How long sick

one week

Death

Accident, Suicide, Homicide

Reported by

B. B. Hayden M. D.

Address

408 N. Euter St.



Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

New Cathedral Cemetery
Sept. 6th 1902
Germanus Thane
Undertaker

Mary Mc Gregor

Died at ^{Town} Baltimore ^{County} Balto.

MARYLAND

Date 1902 ^{Month} Sept ^{Day} 2 ^{Y.} — ^{M.} 3 ^{D.} — Native of Ma Occupation None~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~Number of children living —

Husband of

Wife

Father's

Name

Wm. H. Mc Gregor

Mother's

Maiden Name

Mary C. McCork

Cause of

Primary

Gastric Enteritis

How long sick

3 months

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

Benj. S. Hayden 105

Address

408 N. Center St. Balto Md
W. H. R.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

New Cathedral Cemetery

Sept 3rd 1902

Germanus Franca

Undertaker

Name in Full

Certificate of Death

Andrew M. Nowinski

Died at

own Canton Baltimore Co

MARYLAND

Date 19

Sept 14 1902

Age

72

Native of

Occupation

Poland Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Mary

Wife

Father's

Name

Mother's

Maiden Name

#7106

Cause of

Primary

Dysentery

Immediate

Intestinal

How long sick

one month

Accident, Suicide, Homicide

Reported by

C. W. Williams M.D.

Address

1114 Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary MacKowiak

Died at Canton Baltimore Co MARYLAND

Date 1903 24th 14 Month Day Y. M. D. Age 69 Native of Poland Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Andre MacKowiak

Wife's Name

Cause of Death { Primary Shock Sudden

Immediate Heart failure

How long sick 179

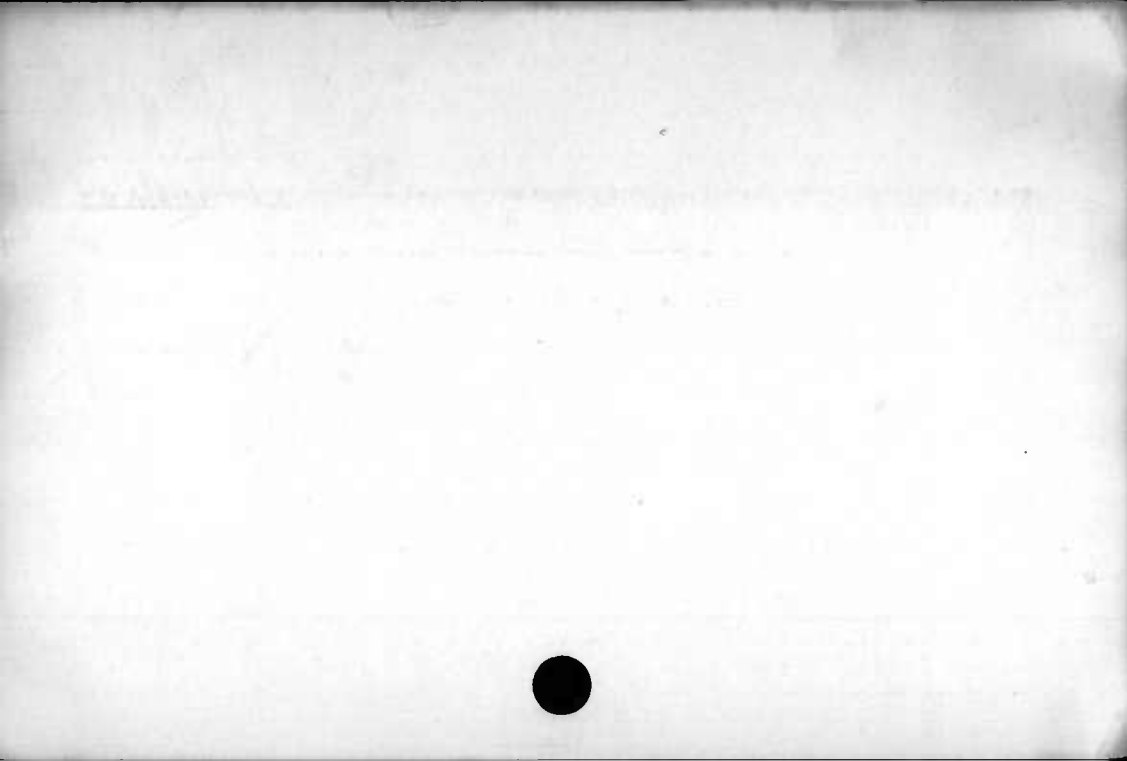
Accident, Suicide, Homicide

Reported by E. Williams 125

Address 1114 ● Chesapeake St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Frederick Mai

Town

County

Died at

Eastern Ave Sp Baltimore

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

9 24

Age

46

Germany

Farmer

Male

White

Married

Widow

Divorced

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Apoplexy

Caf

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

J Valentin

Address

16 S Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 72002

J. Hennig & son

Wreston, Conn

Name in Full

Certificate of Death

Rose Mauser

Town

County

Died at

Purly hill

Bolto

MARYLAND

Date 19

02

Sept

2

Age

7

Native of

md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Joseph Mauser

Mother's

Maiden Name

Annie E. Sewery

Cause of

Primary

Alcoholic Encephalopathy

How long sick

2 months

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

Geo W Grammer

Address

Rossville

P.O. Bolto ex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Entermet

St Joseph Cent

Belair Road

Geo W. Grammer

renew token

Rutty Hill

Belair Road

Name In Full

Certificate of Death

Elizabeth Meekins.

Town

County

Died at

Hereford

Balto.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

11

Age

38

Md

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

6

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

The Balto. Co. Democrat

Address

Towson Md.

9/15/02

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79555



Name
in
Full

Elizabeth A Meekins

CERTIFICATE OF DEATH

Died at *Herford* Town

County,

Baltimore

MARYLAND

Date

of death 190

2

Month

9

Day

11

Years

Age

43

Months

2

Days

20

Sex

*Female*Color or
Race*white*Birth-
place*White Marsh, Md.*Married, Single
or Widowed*Married*

Occupation

*Housewife*Name of Wife or
Husband*John A Meekins*Father's
Name*Charles A. Canoles*Father's
Birthplace*Don't know*Mother's
Maiden Name*Susanna A. Fiddle*Mother's
Birthplace*Don't know*Name of person giving
in formation*J. Wesley Meekins*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Dysphoid Fever & Appendicitis

How long

Three weeks

Immediate

Heart Syncope

How long

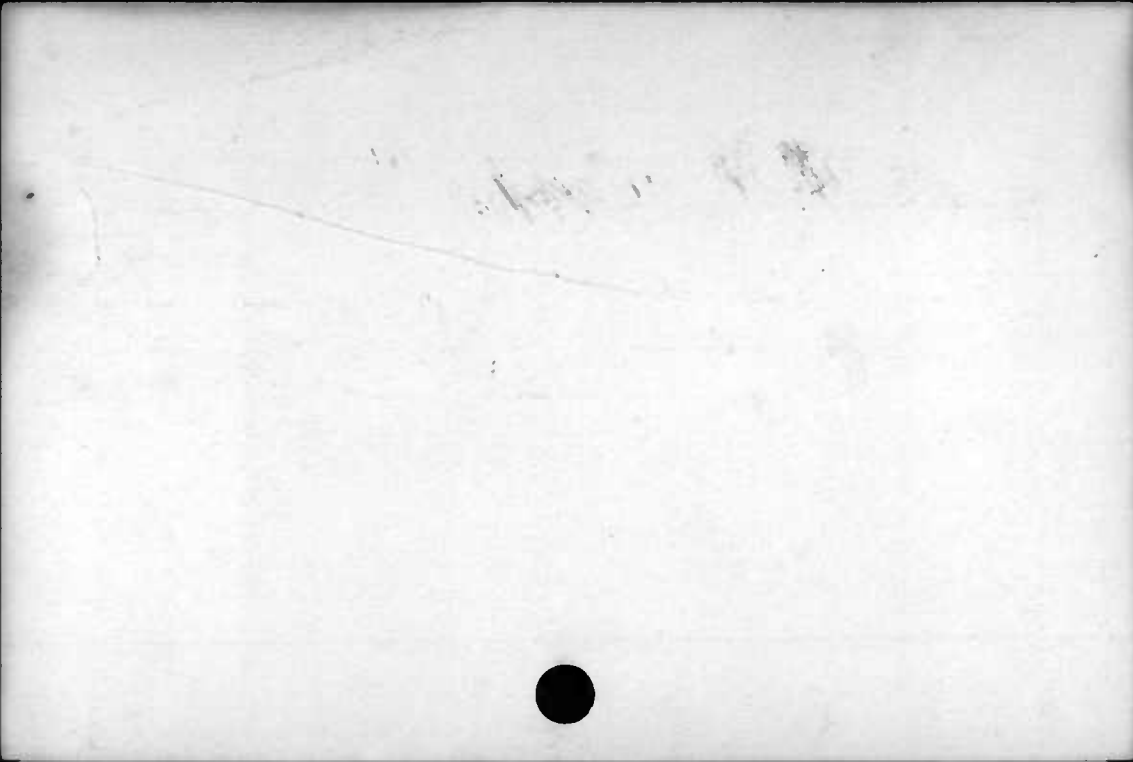
*Six hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*A. R. Marshall*

Address

Herford, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

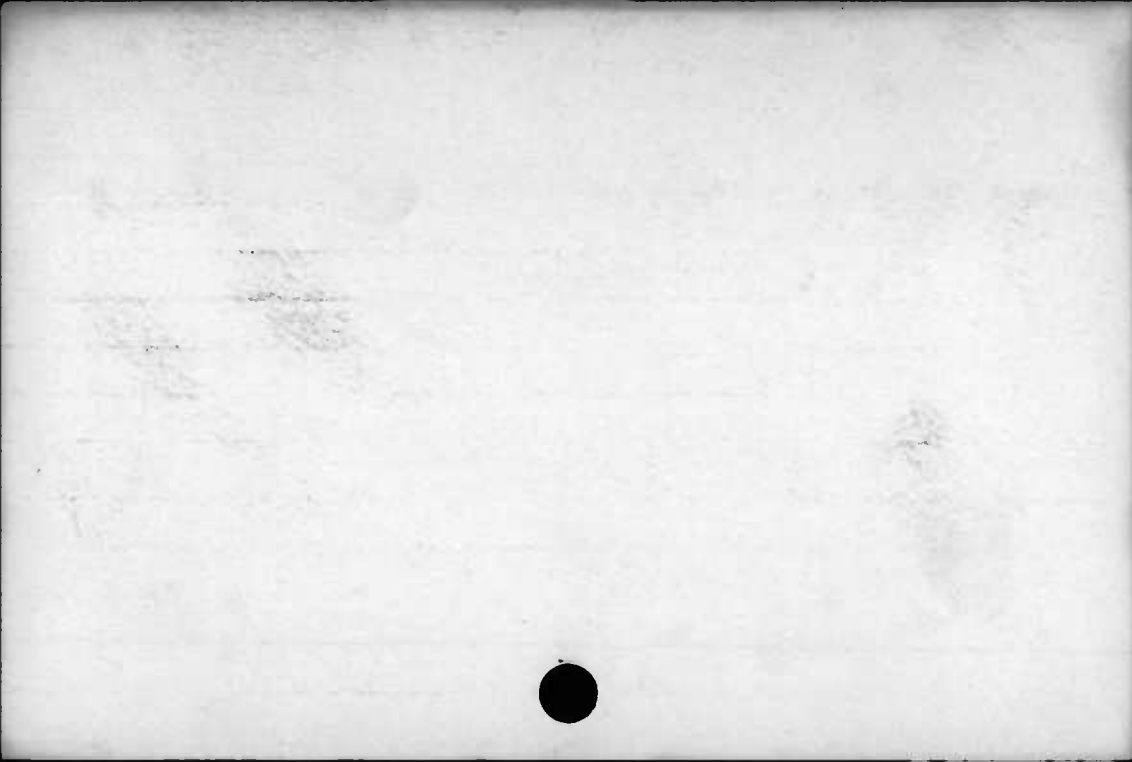
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Leatsville</u> ^{Town} <u>Bullo.</u> ^{County}		MARYLAND			
Date of death 190 <u>2</u>	Month <u>Sept</u>	Day <u>13</u>	Age <u>45</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth- place <u>Maryland.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Carpenter</u>				
Name of Wife or Husband <u>X</u>					
Father's Name <u>X</u>	Father's Birthplace <u>X</u>				
Mother's Maiden Name <u>X</u>	Mother's Birthplace <u>X</u>				
Name of person giving information <u>X</u>	<u>67</u>		How related to deceased <u>X</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General Paresis</u>	How long <u>2 yrs.</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>J. P. Ray</u>
	Address <u>Leatsville, Md.</u>
Accident or Suicide? <u>No</u>	



Certificate of Death

Harriet R. Miller

Town

County

Died at

MARYLAND

Date 190 2

Month

Day

Y.

M

D.

Native of

Occupation

Age

2

ma

Mate

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name _____

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name In Full *Mary C. Mitchell.*

Town *near Hereford* County *Balto.* MARYLAND

Died at *near Hereford* Month *9* Day *8* Y. *78* M. *78* D. *78* Native of *Ind.* Occupation *Housewife*

Date 19 *02* Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *4*

Husband of *Dr. J. D. Mitchell.*

Wife of *Dr. J. D. Mitchell.*

Father's Name *D. G. Yost.* Mother's Maiden Name

Cause of Death { Primary *Heart Trouble* Immediate *Heart Trouble* } How long sick *"* Accident, Suicide, Homicide *"*

Reported by *The Balto. Co. Union*

Address *Forson Md.* *9/15/02*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mary E. Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hereford</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>8</i>	Age <i>78</i> ^{Years}	Months	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown Md.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>L. W. Mitchell</i>					
Father's Name <i>David S. Gosh</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Elizabeth L. Davis</i>			Mother's Birthplace <i>Alleghany Co. Pa.</i>		
Name of person giving Information <i>A. R. Mitchell</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria</i> <i>120</i>	How long <i>Six months</i>
Immediate <i>Uræmic Coma</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. R. Mitchell</i>
	Address <i>Hereford Md.</i>
Accident or Suicide? <input type="checkbox"/>	

To be buried at Emmanuel
Cemetery Gloucester on the
10th

Name in Full

Certificate of Death

Johanna Moynihan
 Died at ^{Town} St Helena ^{County} Balt. MARYLAND

Date 1892 Sept. 9th Age 6 Y. M. D. Native of Md. Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of _____

Wife _____

Father's Name James Moynihan Mother's Name Margaret Moynihan

Cause of Death { Primary Cholera Infantum How long sick
 Immediate Exhaustion. Accident, Suicide, Homicide

Reported by G. C. McCormick M.D.

Address Sparrow Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Certificate of Death

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Junius Parks (7 mo. fortus)

Town

County

Died at Sparrow Point Baltimore

MARYLAND

Date 1902 Sept. 25th Y. M. D. Age 7 Native of Md Occupation _____

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Female~~ Colored Single ~~Widower~~ Number of children living _____

Husband of _____

Wife

Father's Name Chas. Parks

Mother's

Maiden Name Annie Mills

Cause of Primary

Death

immediate

Transition 15

How long sick _____

Accident, Suicide, Homicide

Reported by

G. C. McCormick Md

Address

Sparrow Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Miss Rebecca Comfort Pearce

CERTIFICATE OF DEATH

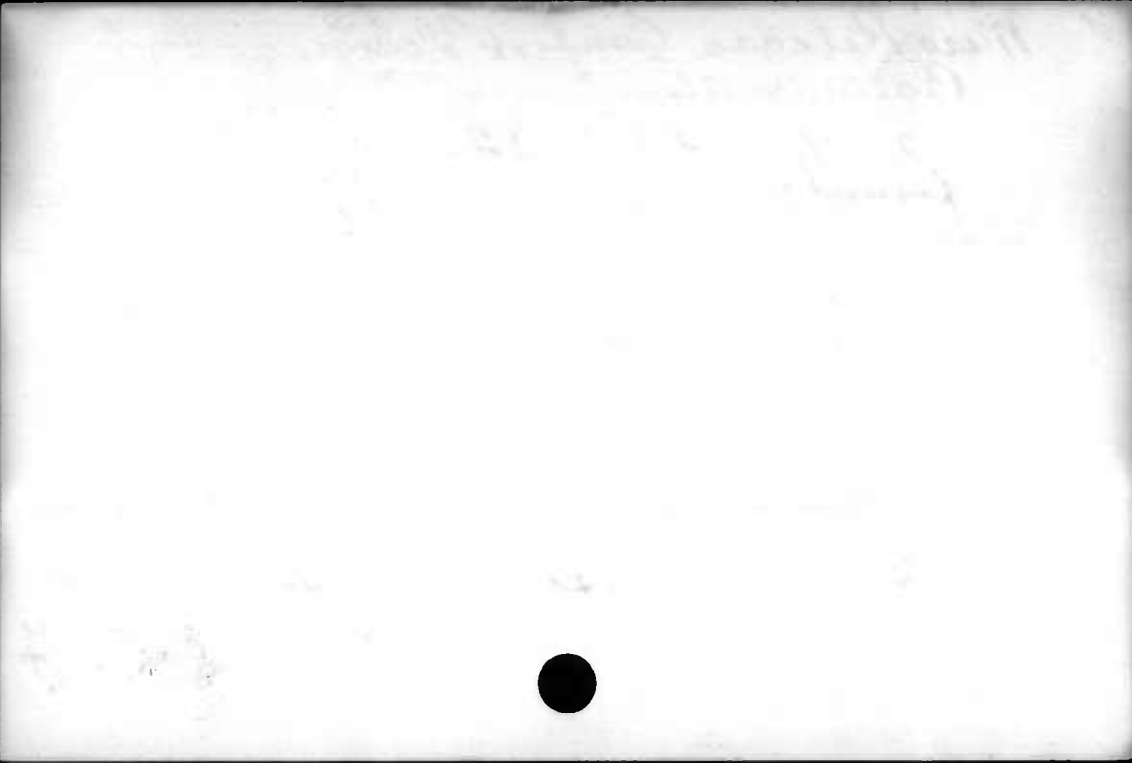
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Balto. Co Almshouse</i>		County		MARYLAND	
Date of death 190	2	Month	9	Day	23
Age		82		Months	Days
Sex	<i>female</i>		Color or Race	Birth-place	
Married, single			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>79</i>	How long
Immediate	<i>Heart disease</i>	<i>do not know</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Thos. C. Bussey</i>	
	Address	
Accident or Suicide?		



Name in Full

Certificate of Death

John Wm Penigoy
Town West Arlington County Balto MARYLAND

Died at West Arlington
Date 1902 Sep 2nd 16 5 26 Md None
Male White Married Widow Deceased
Female Colored Single Widower Number of children living

Husband of
Wife
Father's Name John Penigoy Mother's Name Julia Penigoy

Cause of Death { Primary Rheumatism How long sick 10 days
Immediate Pericarditis 47 ~~Accident, Suicide, Homicide~~

Reported by Dr George Y. Eberhart
Address Dickeyville Balto Md
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. Arlington</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>Sept.</i> ^{Month}	<i>21</i> ^{Day}	Age <i>59</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Tea Merchant</i>				
Name of Wife or Husband <i>Emma Phelan</i>					
Father's Name <i>George Phelan</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Susan Milburn</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Emma Phelan</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Face & Throat</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as far as I know</i>	Signature of Physician <i>A. N. Gabriel</i>
	Address <i>227 E. 23rd St. Baltimore</i>
Accident or Suicide?	

Dr Gable

23rd & Gelpel ave

Town

County

MARYLAND

Died at *near Texas* *Balto.* *MARYLAND*Date 19 *02* *9* *23* Y. M. D. Age *80* Native of *md* Occupation

Male	White	Married	Widower	Divorced
Female	Colored	Single	Widower	Number of children living

Husband
of
Wife

Father's Name	Mother's Maiden Name
------------------	-------------------------

Cause of Death	Primary	How long sick
	Immediate	Accident, Suicide, Homicide

Reported by *"The Balto. Co. Union"*

Address *Tower Md.* *Sept. 29, 1902*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Edgar Price

CERTIFICATE OF DEATH

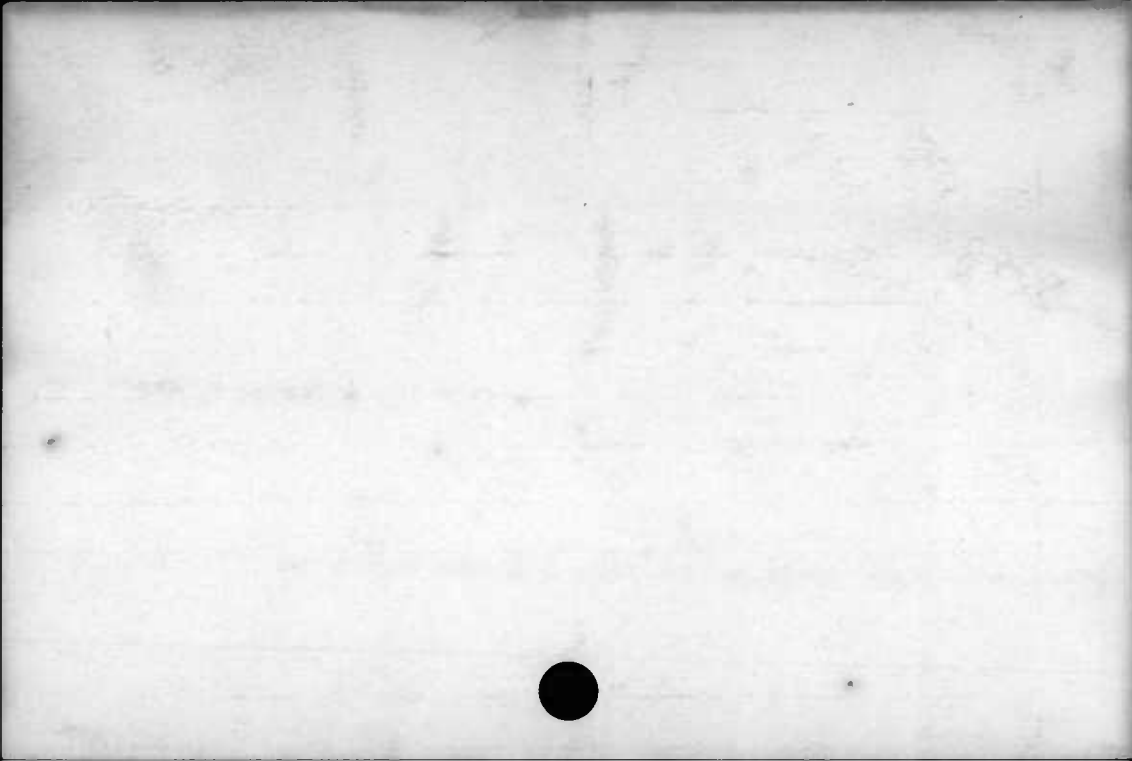
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harrisonville</u> ^{Town}		<u>Balto.</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>9</u>	Day <u>7</u>	Age <u>1</u> Years	Months <u>0</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth- place <u>Maryland</u>		
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>J. Thomas Price</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Achyah Kelly</u>			Mother's Birthplace <u>"</u>		
Name of person giving In formation <u>Mrs. Thomas Price</u>			How related to deceased <u>father</u>		

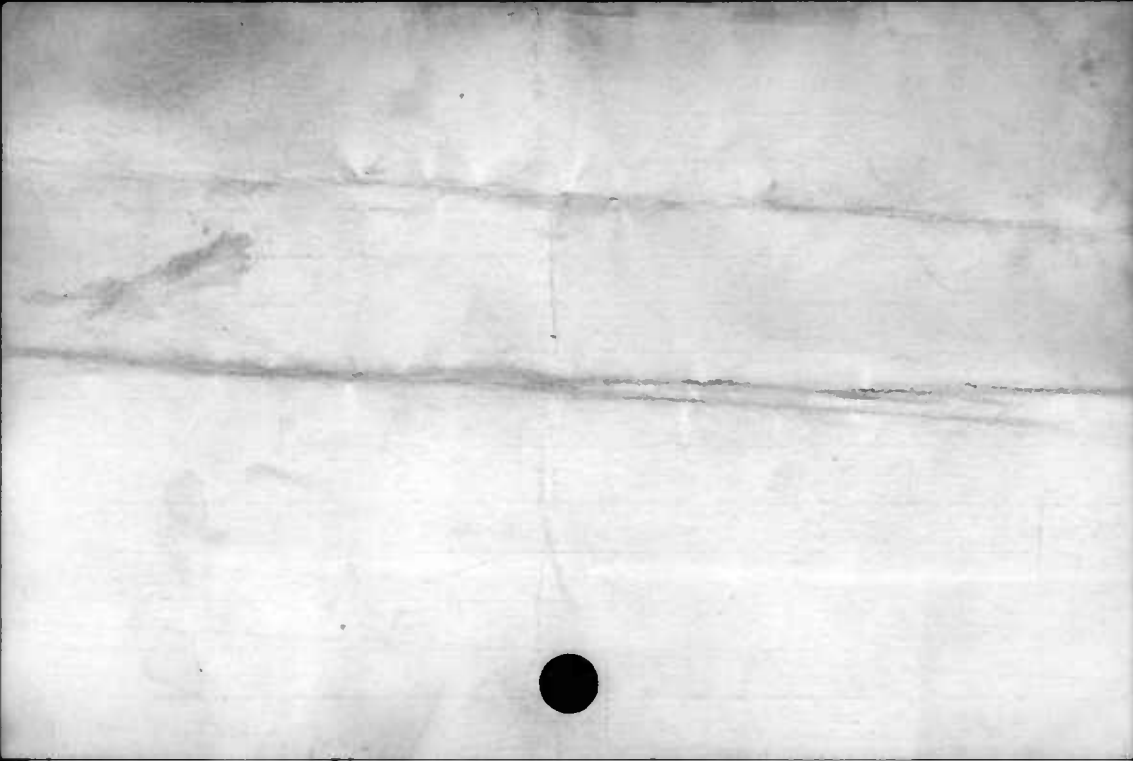
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enderitis</u>	How long <u>2 wks</u>
Immediate <u>Meningitis</u>	How long <u>1 day -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Mrs. Ed Balto MD</u>
	Address <u>Harrisonville, Md</u>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Granite</i>				<i>Baltimore</i>		MARYLAND					
		Date of death 190 <i>2</i>		Month <i>12</i>		Day <i>7</i>		Years		Months <i>4</i>		Days <i>3</i>	
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Baltimore</i>							
		Married, Single or Widowed <i>Single</i>		Occupation									
		Name of Wife or Husband											
		Father's Name <i>Thomas Reed</i>					Father's Birthplace <i>Balti Co. Md</i>						
		Mother's Maiden Name <i>Emma Reed</i>					Mother's Birthplace <i>" " "</i>						
		Name of person giving In formation <i>Mother</i>					How related to deceased <i>Mother</i>						
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>													
PHYSICIAN OR CORONER		Primary <i>Cholera Infantum</i>					How long <i>2 weeks</i>						
		Immediate <i>Coma</i>					How long <i>1 Day</i>						
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>					Signature of Physician <i>G. B. Offutt</i>						
							Address <i>Granite</i>						
		Accident or Suicide?					<i>md</i>						



Name In Full

Certificate of Death

Raymond

Town

Reed

County

Died at

MARYLAND

Date 1912

Sept 2nd

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Del.

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Charles L. Reed

Maiden Name

Mary Miller

Cause of

Primary

Tubercular Meningitis

How long sick

6 hours

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Reed M.D.

Address

Spencer Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808



Name
in
Full

Frances Ann Reeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Roland Park		Baltimore		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1902		Sept	28	Age 84	8		
Sex	Female	Color or Race	White	Birth-place	Maryland		
Married Single Widowed				Occupation			
Widowed				None			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Stewart & Mowen							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	One week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. F. Scholten
Yes		Address	115 W Franklin
Accident or Suicide?			



Time
in
Full

Elizabeth Sadosky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Ave near Forest Park Balto.</i>		Town <i>Forest Park</i>		County <i>Balto.</i>	
Date of death 1902	Month <i>Sept</i>	Day <i>9</i>	Age <i>71</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married Single or Widowed			Occupation <i>None</i>		
Name of Wife or Husband <i>Sadosky</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	<i>154</i>	How long
Immediate	<i>Falling down steps</i>		How long
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. M. Ridgely M.D.</i>
		Address <i>Forest Park Balto.</i>	
Accident or Suicide? <i>—</i>			

Name
in
Full

CERTIFICATE OF DEATH

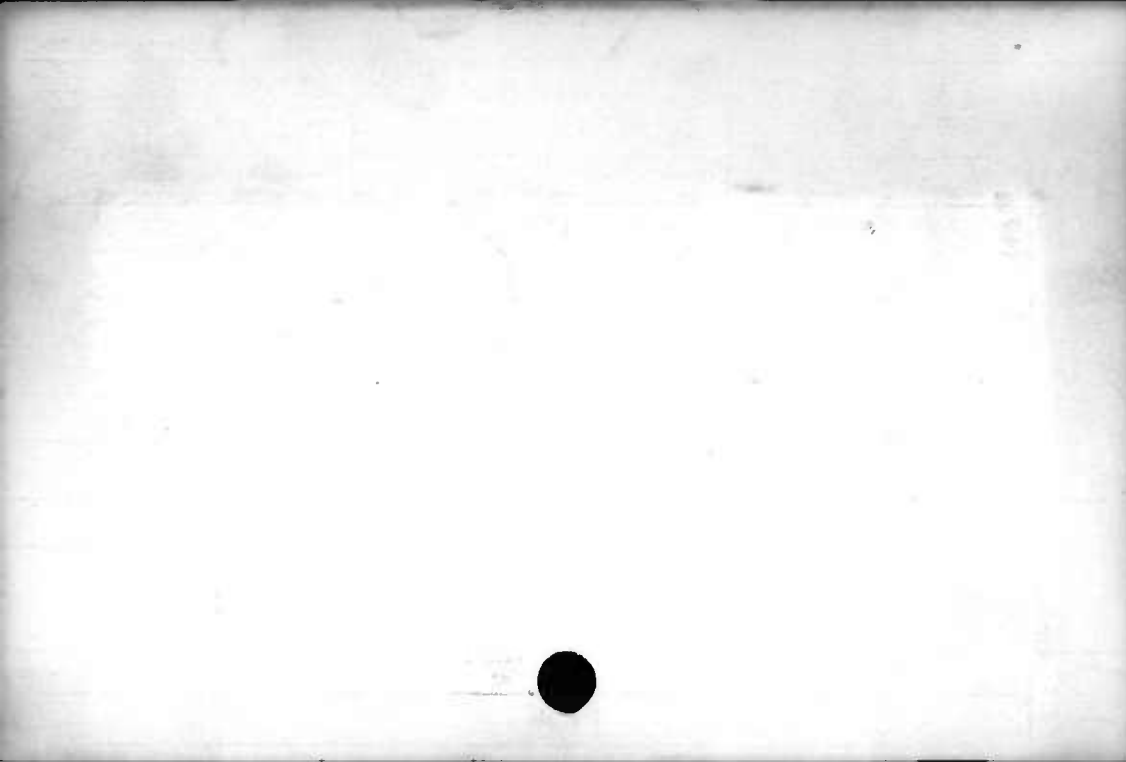
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>York Road</i> ^{Town} <i>Harlingen</i> ^{County} <i>Belt</i>		MARYLAND	
Date of death 1902	Month <i>9th</i>	Day <i>10th</i>	Age <i>87</i>
Sex <i>Female</i>	Color or Race <i>German</i>	Birth-place <i>Germany</i>	Months <i>—</i> Days <i>—</i>
Married, Single or Widowed <i>Widow</i>	Occupation <i>Housekeeper</i>		
Name of Wife or Husband <i>Margaret A. Saufleber</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>—</i>		How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infirmities of age</i>	How long <i>154</i>
Immediate <i>Died of exhaustion</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo H. Garing</i>
	Address <i>21 W 25th St. City</i>
Accident or Suicide? <i>Neither</i>	



Name in Full

Certificate of Death

Bertha E. Schlipf

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 19

Age

6 14

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

George Schlipf

Rosa Parmel

Cause of

Primary

Chloral Separator

How long sick

4 weeks

Death

Immediate

105

Accident, Suicide, Homicide

Reported by

Harrison Tanager

Address

Crown

Albany

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79003

Bertha Schläpfergrell

Name in Full

Certificate of Death

John A. Schlund

Died at ^{Town} Highlandtown ^{County} Baltimore MARYLAND

Date 1902 Sept 19 Age Y. M. D. 21 Native of Md Occupation _____

Male White Married Widower Divorced

Female Colored Single Widower Number of children living _____

Husband of _____

Wife _____

Father's Name Jan A. Schlund Mother's Name Annie Bauer

Maiden Name _____

Cause of Death { Primary Congenital Disease of Heart How long sick about 2 days

Immediate Exhaustion Accident, Suicide, Homicide

Reported by C. A. Otney, M.D., 150

Address 2. Hudson St. Bk

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

Holy Cross Cemetery

Sept. 20 th 1902

Germanus Franke

Undertaker

Frederick Schuler

Town

County

Died at *1927 O'Donnell St. Canton Balto.* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

2

Age

7

-

-

Ma.

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Diphtheria

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

The Balto. Co. Union

Address

*Sourson Md.**9/6/02*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Theodore Schuler,
 Town _____ County _____

Died at *292 O. Donnell St. Canton* *Balto* MARYLAND

Date 19*02* Month *9* Day *2* Y. *3* M. *3* D. *Ind.* Native of _____ Occupation _____

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living _____

Husband of

Wife

Father's Name *Jos. Schuler* Mother's Maiden Name _____

Cause of Death { Primary *Diphtheria* Immediate *Heart failure.* How long sick _____
 Accident, Suicide, Homicide _____

Reported by *The Balto. Co. Union.*

Address *Towson Md.* *9/6/02.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Helen Beatrice Scott

Town

County

Died at

Sparrows Point,

Baltimore.

MARYLAND

Date 1902

Month

Day

Sept. 18th

Age

M.

D.

10-29

Native of

Maryland

Occupation

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

George Scott

Mother's

Maiden Name

Dora M. Pugh

Cause of

Primary

Tuberculosis

How long sick

Three months.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

W. R. Hodges M.D.

Address

Sparrows Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William E. Scott

49
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lansdowne</u> ^{Town}		<u>Balt.</u> ^{County}		MARYLAND		
Date of death 190 <u>2</u>	Month <u>Sept</u>	Day <u>26</u>	Age <u>2</u>	Years <u>6</u>	Months <u>6</u>	Days
Sex <u>Male</u>		Color or Race <u>white</u>		Birth- place <u>New York</u>		
Married, Single or Widowed			Occupation <u>Infant</u>			
Name of Wife or Husband						
Father's Name <u>Richard Scott</u>			Father's Birthplace <u>Canada</u>			
Mother's Maiden Name <u>Rachael Scott-</u>			Mother's Birthplace <u>Canada</u>			
Name of person giving Information <u>J. H. Kuhl</u>			How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles fever</u> <u>x</u>	How long <u>1 week</u>
Immediate <u>Convulsions</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank H. Kuhl</u>
	Address <u>Lansdowne, Md.</u>
Accident or Suicide?	



Name
in
Full

Harry Walter Seicke

CERTIFICATE OF DEATH

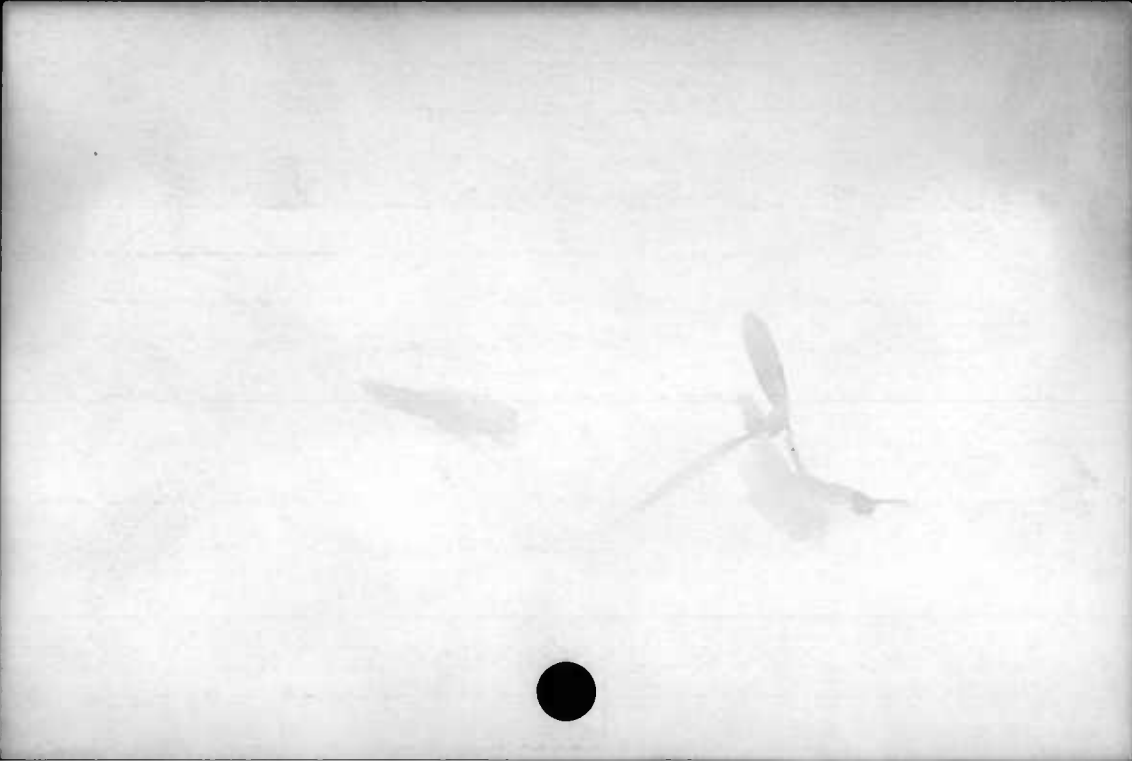
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		County		Baltimore		MARYLAND			
Date		Month		Day		Years		Months		Days	
of death 1992		Sep		29		Age		2		21	
Sex		Male		Color or Race		White		Birth-place		Catonsville	
Married, Single or Widowed						Occupation					
Name of Wife or Husband											
Father's Name						Walter Seicke					
Father's Birthplace						Catonsville					
Mother's Maiden Name						Edna McGee					
Mother's Birthplace											
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Cholera Infantum		How long		1 week	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. Whitney	
				Address		Catonsville	
Accident or Suicide?							



Name in Full

Certificate of Death

Magdalena Trufel

Died at ^{Town} Rossview ^{County} Balto

MARYLAND

Date 1902 Sept 29 Month Day Y. M. D. Native of Germany Occupation —

Male White Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 1

Female Colored Single

Husband of

Wife of Frederick Trufel

Father's Name Mother's Name

Name Maiden Name Schmeler

Cause of Death { Primary Cerebral apoplexy How long sick 4 days

Death { Immediate Accident, Suicide, Homicide

Reported by

Address

Reported by C. F. Meacham M. D.

Address Rossview Ma 64

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Town

Month

Day

Age

Married

Single

County

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70808

John Herwig
St Paul Cemetery

Name
in
Full

Anelia Seimont

51

CERTIFICATE OF DEATH

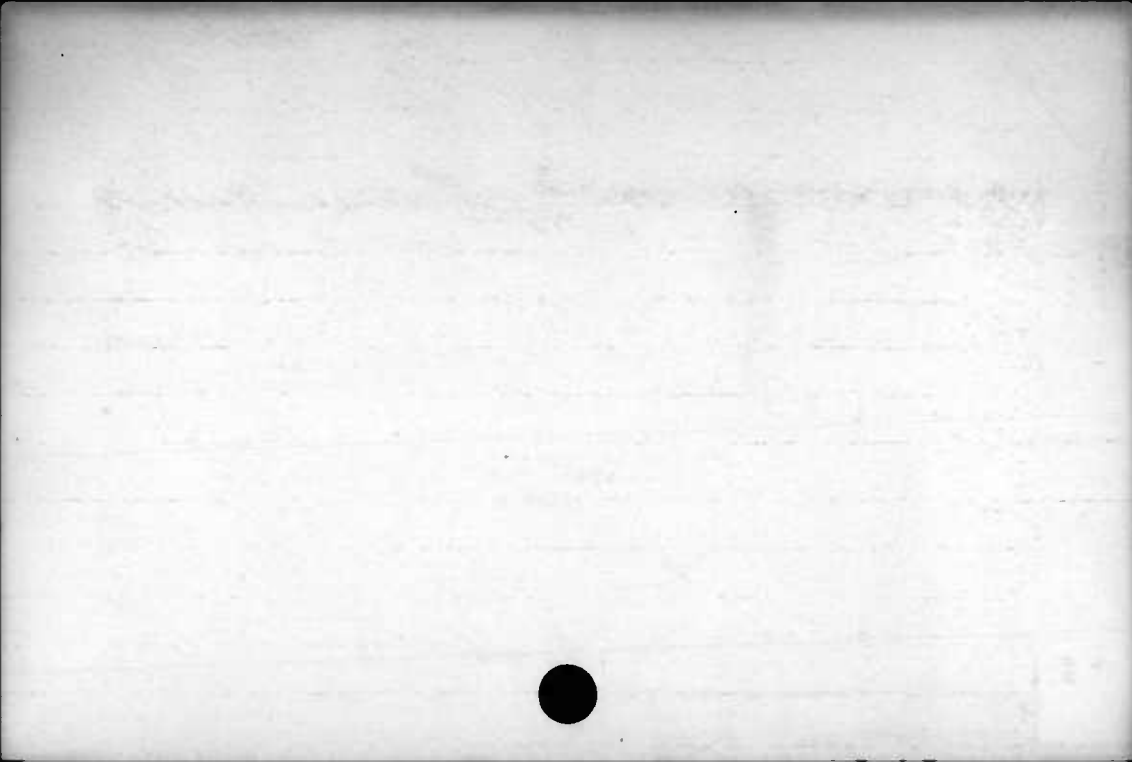
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monrell Park</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept.</i>	Day <i>29</i>	Age <i>Years</i>	Months <i>15</i>	Days		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Infant</i>				
Name of Wife or Husband <i>Geo. W. Seimont</i>							
Father's Name <i>Geo. W. Seimont</i>				Father's Birthplace <i>Baltimore Ind.</i>			
Mother's Maiden Name <i>Ella P. Hennickel</i>				Mother's Birthplace <i>Baltimore Ind.</i>			
Name of person giving Information <i>Geo. W. Seimont</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thrush</i>	How long <i>92</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. G. Frazier M.D.</i>
	Address <i>Wt Union, Md.</i>
Accident or Suicide? <i>no</i>	



Name In Full

Certificate of Death

Charles Sillery
 Town *Hanford and East* County *Balto.* MARYLAND
 Died at *Hanford and East*
 Date 1902 Month *9* Day *3* Age *66* Native of *Md.* Occupation *marble yard*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower Number of children living *3*

Husband of
 Wife

Father's Name
 Mother's Maiden Name

Cause of	Primary	How long sick
	Death	Immediate
		Accident, Suicide, Homicide

Reported by *The Balto. Co. Union*

Address *Towson Md.* *9/6/02*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Eleanor Smith

Died at ^{Town} Ft. Howard

County Baltimore

MARYLAND

Date 1902 ^{Month} Sept. ^{Day} 24 | Age 20 | ^{Y.} ^{M.} ^{D.} | ^{Native of} Raleigh N.C. | ^{Occupation} Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Deceased~~

Female Colored Single Widower ~~Number of children living~~

Husband of

Wife

Father's Name

Unknown

Mother's Name

Unknown

Cause of

Primary

Mis carriage, 45th month

Death

Immediate

Hemorrhage & sepsis.

How long sick

One week
Self-inflicted
~~Accident, Suicide, Homicide~~

Reported by

E. R. Schreiner

Address

Fort Howard, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

E. R. Schreiner
M.D.

LIBRARY BUREAU, 1902



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

John. Smith
Calumet

County

Balt

MARYLAND

Date

of death 190

2

Month

Sept

Day

16

Years

Age

Months

Days

Sex

Male

Color or
Race

Color

Birth-
place

Calumet

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

John Smith

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Martha Johnson

Mother's
Birthplace

Va

Name of person giving
Information

Father

How related
to deceased

—

CAUSES OF DEATH

Primary

Still Born

How long

X

Immediate

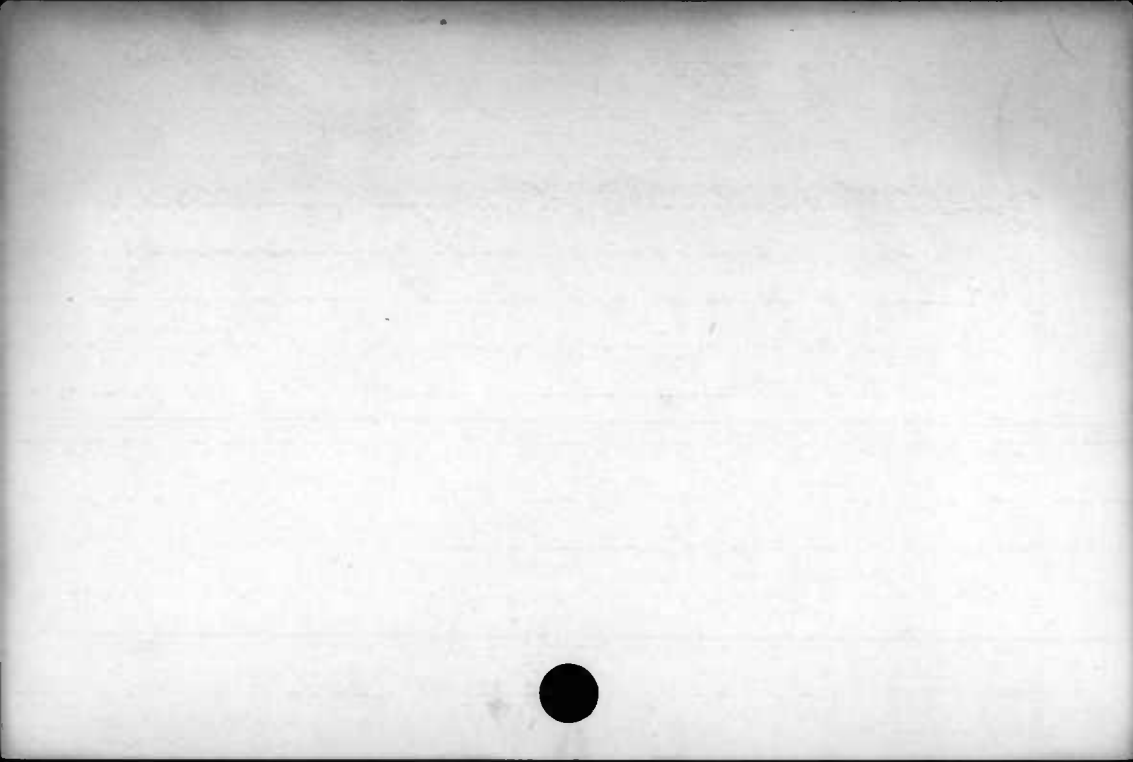
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

O. R. C. L. Mayfield
H. C. i.Mrs. Ermer
Midwife
Calumet Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Died at *Hest Grand Park, Baltimore, MARYLAND*

Date 1902 *Sept 15* Month *Sept* Day *15* Y. *18* M. *10* D. *10* Native of *—* Occupation *—*

Male *White* Married *Widow* Divorced *—*

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *2*

Husband of *—*

Wife

Father's Name *Anton Spoth Jr.* Mother's Name *Mary L. Ziehl*

Cause of Death { Primary *Strangled by cord* How long sick *—*

around neck. Accident, Suicide, Homicide

Reported by *William & Fred W. Ald*Address *At Westington Ave*

Must be signed by physician, if any in attendance, otherwise by *—* minister.

A. S. Marshall
3539 Fall Road

Booth Cemetery

Sept. 16-02

Name
in
Full

George Steinbacher

CERTIFICATE

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fullerton		County Baltimore			
Date of death 1902	Month Sept.	Day 15	Age Years		Months		
Sex Male		Color or Race White		Birth- place Germany			
Married, Single or Widowed		Married		Occupation farmer			
Name of Wife or Husband		Maggie Timmerman					
Father's Name				Father's Birthplace Germany			
Mother's Maiden Name				Mother's Birthplace "			
Name of person giving in formation				Maggie Steinbacher			
				How related to deceased wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long 24 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address 179	
Accident or Suicide?			



Name in Full

Certificate of Death

Annie M Stielper

Town

County

Died at

Highland Balto

MARYLAND

Date 189 1902 Month 9 Day 16 Y. - M. - D. 9 Native of md Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

—

Husband
of
WifeFather's
Name

George Stielper

Mother's
Name

Mary W. Schilp

Cause of

Primary

Convulsions

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide,

Reported by

J S Warner M.D.

Address

1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEB 28

Sacred Heart Cemetery

Sept. 17th 1902

Germanus Spana

Under taken

Name in Full

Certificate of Death

Stockman

Town

County

Died at

Hamilton, P.O.

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

15

Age

Mm.

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

John Stockman

Cause of

Primary

How long sick

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

The Maryland Journal

Address

Towson Md.

Sept. 20, 1902.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003



Name in Full

Certificate of Death

Wilhelmina Stockman

Town

County

Died at Hamilton P. O. Baltimore MARYLAND

Date 1902 Sept. 15- Month Day Y. M. D. Native of Baltimore Occupation Housewife

Age 59-
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ of Charles Stockman
 Wife

Father's Name 1 Fambach Mother's Name —

Cause of Death { Primary Fatty Deg. Heart - with Acute Indigestion How long sick Several hours
 Immediate Paralysis (Cardiac) Accident, Suicide, Homicide

Reported by Leonard J. Whiteford, M. D.
 Address Parkville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Maggie Stohzenbach

44

MARYLAND

Died at

Date

Husband

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

of

Wife

Name

Mother's

Name

Primary

Immediate

Accidental

How long sick

Accident, Suicide, Homicide

John Stewarter

Westport

Baltimore Md

August 11, 1902

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Laura Thomas

Died at

City ^{town} Hospital

County

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2nd 27th

Age

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cancer

45

How long sick

Several years

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

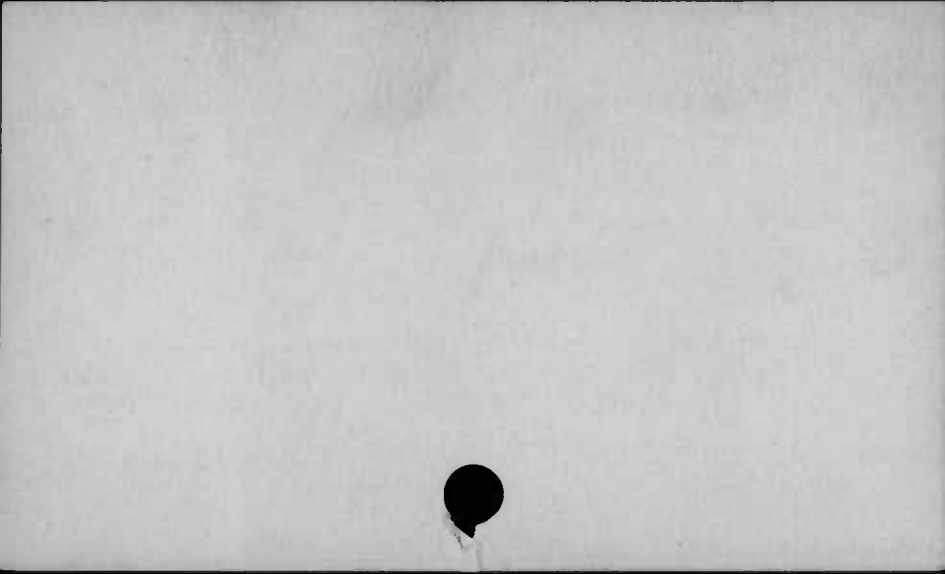
W. L. Garrett

M.D.

Address

Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Millie Ann Thomas

Town

County

Died at

Moulton

Baltimore

MARYLAND

Date 19

02

Month

Day

7 21

Y.

M.

D.

13

Native of

U.S.

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Henry Thomas

Mother's

Maiden Name

Lucy ~~Higginson~~

Cause of

Primary

Pertussis

How long sick

2 weeks

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

J. Ross Payne

Address

Corbett, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Julia A. Indwell
 Town

County

Baltimore

MARYLAND

Died at *Gorans town*

Month Day

Y.

M.

D.

Native of

Occupation

Date *1902*

Sept. 12

Age *62*

-

-

Maryland

House wife

~~Male~~

~~White~~

~~Married~~

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

1

~~Husband~~

of

Wife *William H. Indwell*

Father's Name *Edwin Clayton*

Mother's

Name

Cause of { Primary *Bright's*

Death { Immediate *Exhaustion*

How long sick

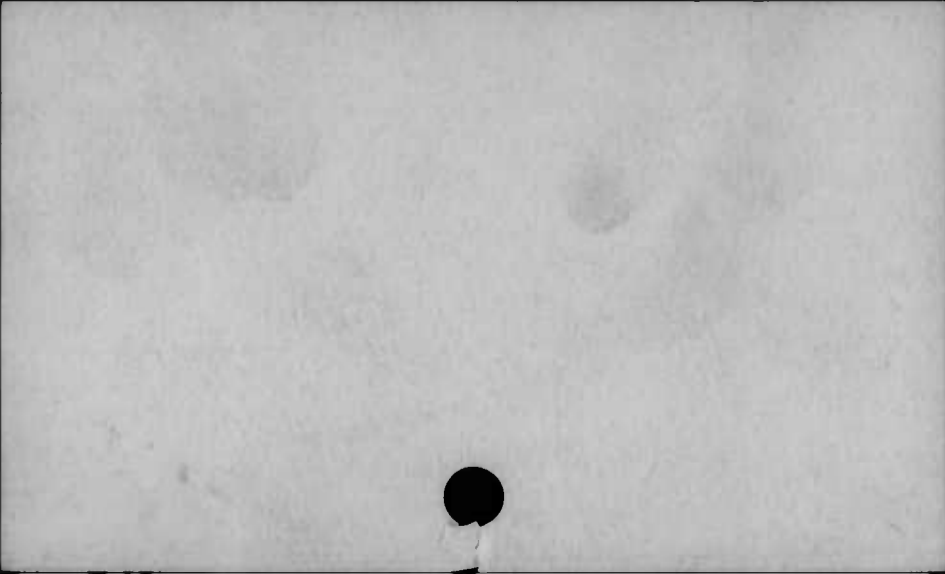
10 days

Accident, Suicide, Homicide

Reported by *E. M. Deegan*

Address *Gorans town Md*

Must be signed by physician, if any in attendance, otherwise by Coroner, undertaker or minister.



Name In Full

Certificate of Death

Chas. O. Tysinger

Died at

Town

County

Md. Hospital for Insane - Catonsville Baltimore MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 7 39

Age

Md.

Harness Maker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Paranoia

How long sick

3 months

Death

Immediate

Tuberculosis

~~Accident, Suicide, Homicide~~

Reported by

Percy Wade M.D.

Address

Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79883



Name
in
Full

Unknown Female Infant

CERTIFICATE OF DEATH

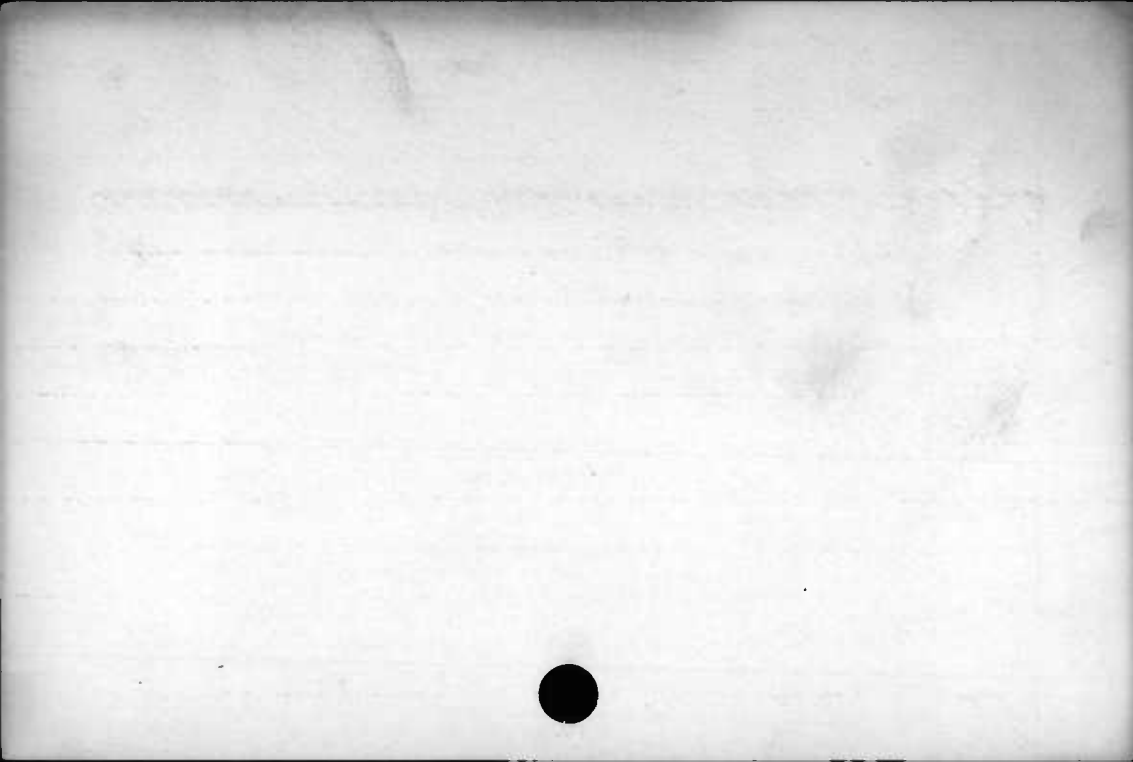
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Calumville Town		Bath County		MARYLAND	
Date of death 1902		Month less		Day 13		Age Years — Months — Days 10	
Sex Female		Color or Race Cold		Birth-place Calumville			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Unknown, 179		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W E Kayle Coroner	
		Address Calumville	
Accident or Suicide?		C L Maupelot H. O.	



Name in Full

Certificate of Death

Martin Harold

Town

County

Died at

MARYLAND

Date

Male

~~Female~~Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Month

Day

Age

Y.

M.

D.

Native of

Occupation

9 - 10

-

Ind

Labourer

Married

Widow

Divorced

White

~~Colored~~~~Single~~

Widower

Number of children living

Mother's

Name

How long sick

Primary

Immediate

accident

Accident, ~~suicide~~ Homicide

James Point Ind.

Name in Full

Certificate of Death

Child of Aug & Elizabeth Viereck

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 17

Age

2 1/2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Aug Viereck

Mother's

Name

Elizabeth Pyritz

Cause of

Primary

Cyanosis

How long sick

one hour

Death

Immediate

150

Accident Suicide Homicide

Reported by

A. L. Warner M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902

Herrig & Son
2008 Orleans St.
Trinity Cemetery

Name in Full

Certificate of Death

Henry G. Hachter

Died at ^{Town} Hyghlandtown, ^{County} Balto MARYLAND

Date 1902 ^{Month} 9. ^{Day} 25. ^{Y.} - ^{M.} - ^{D.} 2. ^{Native of} Balto. ^{Occupation} _____

Male ^{White} ^{Married} ^{Widow} ^{Divorced}

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of _____

Wife _____

Father's Name Charles Hachter ^{Mother's Name} Eliza Zimmerman

^{Maiden Name} _____

Cause of Death { Primary Convulsion. 71 How long sick 2 da

Death { Immediate Exhaustion. 71 Accident, Suicide, Homicide

Reported by Jas. L. Trux M.D.

Address _____

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John Herwig & Son
Sacred Heart

Name In Full

Certificate of Death

Louis C Wagginer

Town

County

Died at

Pikesville

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

6

Age

59

—

Md

Old Soldier

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Killed by trolley car

How long sick

Death

Immediate

at Pikesville

Accident, Suicide, Homicide

Reported by

William F. Longman acting coroner

Address

Pikesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Ella R Waltemeyer

40

Died at annapolis Road

County

Bolta

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

7 15

ind

X

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

X

Father's Name Kenly Waltemeyer

Mother's

Maiden Name

Lena Waltemeyer

Cause of Death { Primary Hooping cough & marasmus
Immediate Exhaustion

How long sick

8 weeks

~~Accident, Suicide, Homicide~~

Reported by

J B Hall

Address

Mt Union

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Name in Full

Certificate of Death

Catherine Warden

Died at

Balt. C. Almshouse

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9 16

Age

80 yrs.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Dysentery

How long sick

about a week

Accident, Suicide, Homicide

Reported by

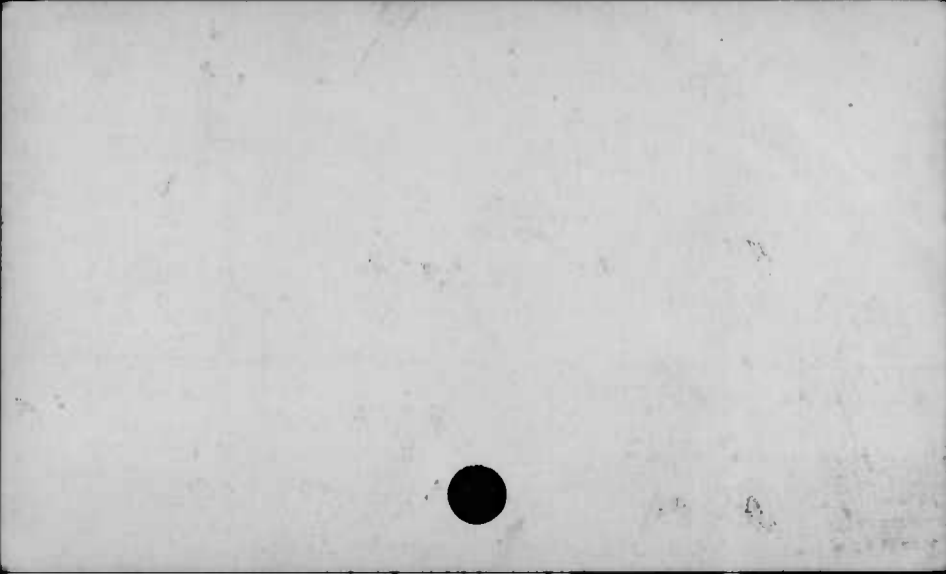
Dr. Thos. C. Bussey

Address

Texas

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

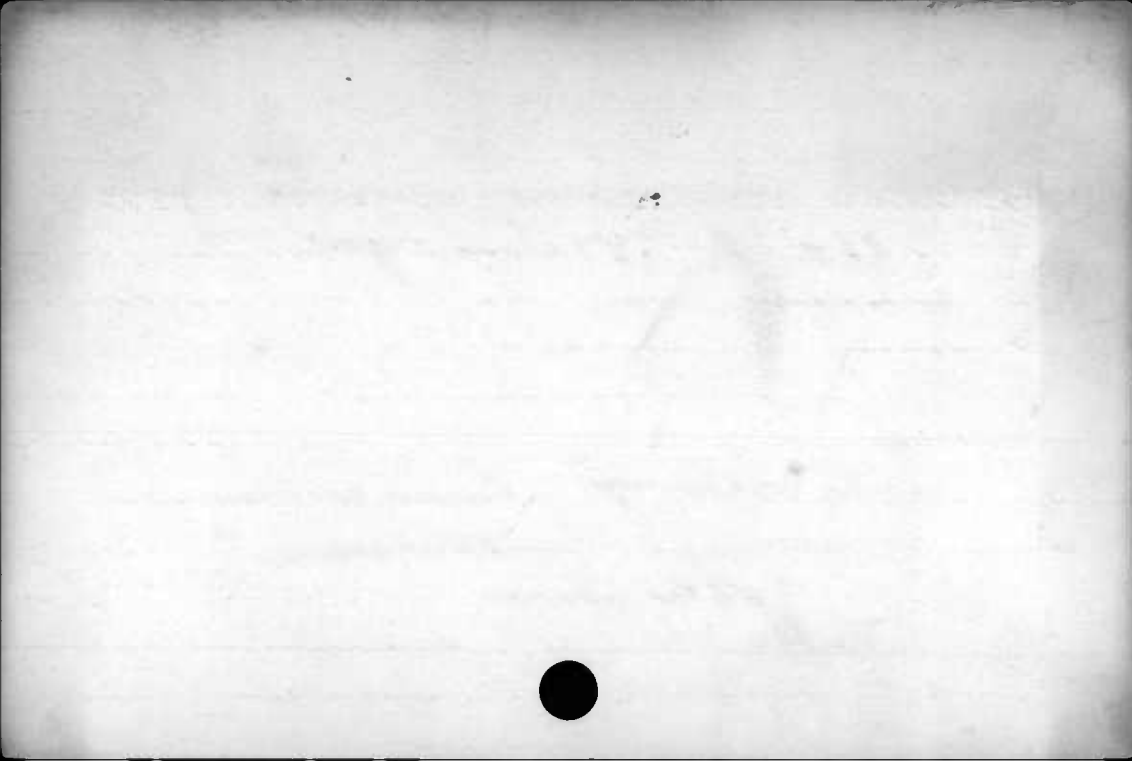
Died at		Town <i>Mt Hope Retreat</i>		County <i>Baltimore</i>		MARYLAND		
Date of death	1902	Month	<i>Sept</i>	Day	<i>22</i>	Years	<i>54</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>	
Married, Single or Widowed			<i>Single</i>		Occupation			<i>None</i>
Name of Wife or Husband								
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Mania</i>	How long
Immediate	<i>Congestion of Lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

F. J. Flannery M. D.
Mt Hope Retreat



George Wisner

Town

County

Died at

New Mt Zion

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

Age

86

Md.

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living 3

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

How long sick

five years

Death

Immediate

Cancer on wrist

Accident, Suicide, Homicide

Reported by

The Balto. Co. Vermon.

Address

Towson Md.

9/15/02.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



June 1
1874

Name in Full

Certificate of Death

Ha E. Wolf

Town

Beech

County

Barto

MARYLAND

Died at

Date 1902

Month

Sept

Day

3

Y.

M.

D.

1-1

Age

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
Name

Chas G. Wolf

Mother's

Maiden Name

Mary J. York

Cause of

Primary

Infantile Convulsions

How long sick

one wk

Death

Immediate

Accident, Suicide, Homicide

Reported by

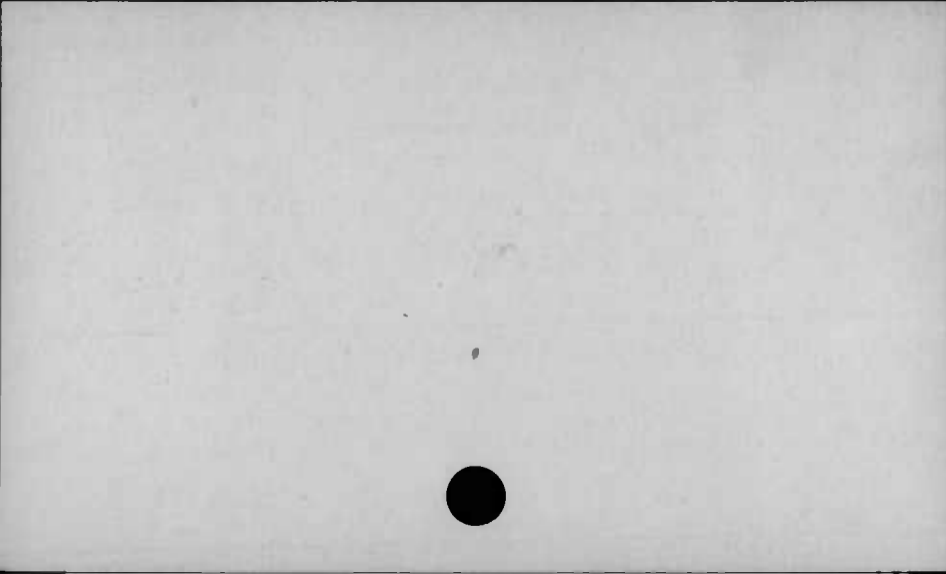
John W. Harrison

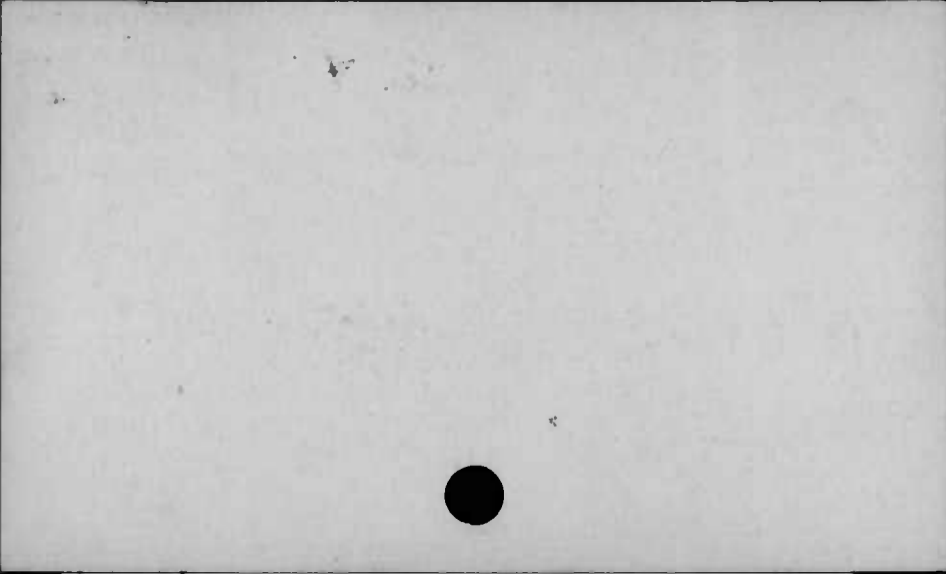
m 5

Address

Middle River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Town

County

Died ~~at near~~ *Texas* *Balto.* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

9

16

Age

82

~~Male~~

White

Married

Widow

Divorced

Female

~~Color~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

*The Balt. Co. Democrat**Towson Md.**9/27/02.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79666



Olyssis G. Gates

Town

County

MARYLAND

Died at

Dist Wash

Balt.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1912

9

20

Age

30

Md

Porter

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Matthew Gates

Mother's

Maiden Name

Louisa Walker

Cause of

Primary

Pulm-Tuberculosis

How long sick

8 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Q. H. Beeton

Md

27

Address

Dist Washington

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles A. Giegler

Town

County

Died at

Barton

Baltimore

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Sept 1st

Age

62

Native of

Md

Occupation

Pipe fitter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Catharine Ward

Father's

Name

Joseph Giegler

Mother's

Maiden Name

Emilia Straus

Cause of

Primary

Nephritis

How long sick

20 three weeks

Death

Immediate

Hydropericarditis

~~Accident, Suicide, Homicide~~

Reported by

A J. Sauer M.D.

Address

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Western Cemetery

Sept. 3rd 1902

Germanus Franck

Underlain